


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90002 018 ***150.00



| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000078652

1. Corporation Name
DRISCOLL BUILDING COMPANY

| | |
|---|---|
| Principal Place of Business 2455 EAST SUNRISE BLVD. SUITE 400 FORT LAUDERDALE FL 33304 | Mailing Address 2455 EAST SUNRISE BLVD. SUITE 400 FORT LAUDERDALE FL 33304 |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1998

4. FEI Number

65-0864800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 5691 N.E. 14 Avenue

2a. Mailing Address
26 5691 N.E. 14 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

24 Zip

Country

29 Zip

Country

33334

25 USA

30 33334

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRISCOLL, JAMES P
2455 E. SUNRISE BLVD.
SUITE 400
FT. LAUDERDALE FL 33304

81 Name
Christopher D. Niles

82 Street Address (P.O. Box Number is Not Acceptable)
2601 East Oakland Park Blvd.

83 Suite 400

84 City
Ft. Lauderdale

FL

85 Zip Code
33306

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DRISCOLL, JAMES P | |
| STREET ADDRESS | 2455 EAST SUNRISE BLVD. #400 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33304 | |

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | CP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | James P. Driscoll | |
| 1.3 STREET ADDRESS | 5691 N.E. 14 Avenue | |
| 1.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33334 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--------------------------|--|
| 2.1 TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Martin K. Driscoll | |
| 2.3 STREET ADDRESS | 5691 N.E. 14 Avenue | |
| 2.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33334 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--------------------------|--|
| 3.1 TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Michael J. Driscoll | |
| 3.3 STREET ADDRESS | 5691 N.E. 14 Avenue | |
| 3.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33334 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--------------------------|--|
| 4.1 TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Robert T. Pfordresher | |
| 4.3 STREET ADDRESS | 5691 N.E. 14 Avenue | |
| 4.4 CITY-ST-ZIP | Ft. Lauderdale, FL 33334 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert T. Pfordresher, Treasurer

4/14/99

Date

954-772-9355

Daytime Phone #

CR2EN34 (4/1/99)