PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P98000084041**1. Corporation Name

APEX BUILDING CONTRACTOR, INC.

1	e of Business		Mailing Address						
3579 SOUTHWIND DRIVE			3579 SOUTHWIND DRIVE						
GULF BREEZE FL 32561			GULF BREEZE FL 32561				DO NOT WRITE IN THIS SPACE		
į							3. Date Incorporated or Qualifed		
:							09/29/1998		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	A	pplied For	
21			26				62–1755582		ot Applicable
	Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional
22			27				0.00.0000	Fee R	equired
City & State			City & State				6. Election Campaign Financing		May Be
23			28				Trust Fund Contribution		to Fees
Zip		Country	Zip Country			8. This corporation owes the current year Into		[
24	25 29 30			Personal Property Tax. ☐ Yes □ No					
Name and Address of Current Registered Agent					84		10. Name and Address of New Registered	Agent	
PDO	MAN PENNETI	J D			81	Name			ļ
BROWN, KENNETH R					82	Street A	Address (P.O. Box Number is Not Acceptable)		
	3579 Southwind Drive Gulf Breeze FL 32561								,
GUL	r DHEEZE FL	32301			83				(
					84	City		85 Zip	Code
						•	<u>FL</u>	<u>. </u>	
11. Pursuant	to the provision	of Sections 607.0502	and 607.1508, Florida	Statutes, the	e above	e-named o	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoin	changing its	s registered
office or r	registered agent m familiar with.	or both, in the State of and accept the obligation	r Florida. Such change ons of, Section 607.050	was authori 05, Florida S	ized by Statutes	ine corpo	rations board of directors. Thereby accept the appoin	intinoni do i	ogiotorou
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	•					
SIGNATURE	Signature, typed or p	rinted name of registered agent	and title if applicable	(NÖTE: Regist	tered Ager	it signature re	quired when reinstating) DATE		
12.		OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE			☐ DELE	ETE 1.	.1 TITLE		P/T/D	Change	
NAME							-/-/-		X Addition
STREET ADDRESS				3.	.2 NAME		KENNETH R. BROWN		X_1 Addition
1 CHELLINGOILEGE						ADDRESS	·····		X Manion
CITY-ST-ZIP				1.			KENNETH R. BROWN		
			☐ DELU	1.	.3 STREET		KENNETH R. BROWN 3579 SOUTHWIND DRIVE GULF BREEZE, FL 32561	Change	
CITY-ST-ZIP			☐ DELI	1. 1. ETE 2	.3 STREET		KENNETH R. BROWN 3579 SOUTHWIND DRIVE GULF BREEZE, FL 32561 V/S		
CITY-ST-ZIP			□ DELI	1. 1. ETE 2	.3 STREET .4 CITY-S .1 TITLE .2 NAME		KENNETH R. BROWN 3579 SOUTHWIND DRIVE GULF BREEZE, FL 32561 V/S TAMMY BROWN		
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14. 1 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

932-9230 (850)

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90293 009 ***150.00