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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000087910

RICH FOGLER CONSTRUCTION, INC.

						1 1	(RIBIL OBIL HEEL
Principal Place of Business Mailing Address								
4280 CARNWORTH RD. 4280 CARNWORTH RD.								
TALLAHASSEE FL 32302		TALLAHASSEE FL 32302				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						10/14/1998		_
2. Principal Place of Business 2a. Mailing Addres						4. FEI Number	Ap	plied For
21	26	·			59-3537/09	No	t Applicable	
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75		
22		27	·]			3. Certificate of Status Desired	Fee Re	quired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added 1	o Fees
Zip	Country Zip		Country			8. This corporation owes the current year in		NEA
24	25		30			Personal Property Tax.	☐ Yes	& No
	9. Name and Address of Curre	nt Registered Agent		941	None	10. Name and Address of New Registered	Agent	
DOM:	ב וחערב פוחפטאו בפט			81	Name			{
DOVE, JOYCE SIDSON ESQ 2074 THOMASVILLE RD. TALLAHASSEE FL 32312				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
				83				
i ALL	711740FF [F 150]5			0.3				}
				84	City	FI	85 Zip (Code
				$oxed{oxed}$			_	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut of Florida, Such change was a	es, the a uthorizer	bove bove	e-named cor the comorat	poration submits this statement for the purpose o tion's board of directors. I hereby accept the appo	ointment as re	gistered .
agent. I a	m familiar with, and accept the obligi	ations of, Section 607.0505, Flo	rida Stat	utes	,			}
SIGNATURE				_				
	Signature, typed or printed name of registered age			Agen	t signature requir	red when reinstating) DATE	ND DIDECTO	DC IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	D DELETE			TLE	1		t⊓ cuanãe	. Landidon
NAME	FOGLER, RICH		1.2 N					
STREET ADDRESS	4280 CARNWORTH RD.		1.3 STREET ADDRESS		ADDRESS			}
CITY-ST-ZIP	TALLAHASSEE FL 32302		1.4 CITY-ST-ZIP		r-ZIP		Chan	□ Addition
TITLE		☐ DELETE 2.1		2.1 TITLE			Change	Addition
NAME			2.2 N	AME				
STREET ADDRESS			2.3 S	REET	ADDRESS			
CITY-ST-ZIP			2.40	ITY-S	T-ZIP			
TITLE	☐ DELETE 3		3.1 TI	3.1 TITLE			Change	Addition
NAME			3.2 N	AME	}			
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP	_		3,4. C	ITY-S	T-ZIP			·
TITLE		☐ DELETE	4.1 TI	TLE			Change	Addition
NAME			4.2 N	IAME				}
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 C	TY-\$1	T-ZIP			
TITLE		DELETE	5.1 TI				☐ Change	☐ Addition
NAME			5.2 N		ł			{
STREET ADDRESS			5.3 S	TREET	ADDRESS			ļ
			•	TY-S1	ļ			1
CITY-ST-ZIP		[] DELETE	6.1 TI				Change	Addition
IIILE			62N		Ì		_ ,	_

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.

6.3 STREET ADDRESS

SIGNATURE2

STREET ADDRESS

567 9697

FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90065 050 ***150.00