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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000088949

1. Corporation Name

BROOKFIELD GENERAL CONTRACTORS INC.

Principal Place of Business

24100 TISEO BLVD.
PORT CHARLOTTE FL 33980

Mailing Address

24100 TISEO BLVD.
PORT CHARLOTTE FL 33980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1998

4. FEI Number

650081723

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

9. Name and Address of Current Registered Agent

TISEO, ALBERT J.
24100 TISEO BLVD.
PORT CHARLOTTE FL 33980

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

OFFICERS AND DIRECTORS

TITLE: PRES
 NAME: ALBERT J. TISEO
 STREET ADDRESS: 24100 TISEO BLVD
 CITY-ST-ZIP: PC 33980

☐ DELETE

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

☐ DELETE

TITLE: DA
 NAME: DAVID N. BAKUN
 STREET ADDRESS: PO. Box 381134
 CITY-ST-ZIP: MURDOCK PC 33938

☐ DELETE

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE

☐ Change☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

6293636

Daytime Phone

CR2ED34 (11/98)