## 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 # P98000089429

1. Corporation Name

FLORIDA CENTRAL CONSTRUCTION, INC.

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90079 046 \*\*\*150.00



Principal Place	e of Business	Mailing Address				
2885 ELECTRO	NICS DR. STE D	2885 ELECTRONICS DR. STE D	)			
MELBOURNE FL 32935 MELBOURNE FL 32935				DO NOT WRITE I	A TUIC COACE	
				DO NOT WRITE I	1 INIO DEACE	
				3. Date incorporated or Qualifed		Ì
				10/19/1998		
<u> </u>	Place of Business	2a. Moiling Address	-/-	4. FEI Number	l	plied For
21 238	CINNAMON LAKE CI		96	59-3559956		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27				equired
City & State City & State		11	6. Election Campaign Financing	\$5.00		
23 MEL	BOURNE FL	28 MELBOURNE	FL	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation owes the current		ا .مد
24 329	Ol 25 USA	29 32902-0356 30	USA	Personal Property Tax.	☐ Yes	<b>259</b> No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regi	stered Agent	
	-		81 Name	GNZGI ENIE E	_	ļ
	NZEL, EDIE S		82 Street Address (P.O. Box Number is Not Acceptable)			
2885	5 ELECTRONICS DR, STE D	•	2.38	CINNAMON LAKE	air _	·
	BOURNE FL 32935		83	- 11-11		
			<u> </u>			<u></u>
)			84 City	BOURNE	FL 85 25	Code 1
			he shows served served	oration submits this statement for the pur		registered
office or r	registered agent, or both, in the State of	f Florida. Such change was autho	rized by the corporation	on's board of directors. I hereby accept th	e appointment as re	gistered
agent. I a	am familiar with and accept the obligation	ons of, Section 607.0505, Florida	Statutes.	·	170	aa
SIGNATURE		EDIE S. MENZE	4.		409	
0,0,4,1,0,1,2	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	istered Agent signature require		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	Change	
TITLE	D	□ DELETE	1.1 TITLE		□ cuande	Addition (
NAME	MENZEL, EDIE S	i	1.2 NAME			ĺ
STREET ADDRESS	2885 ELECTRONICS DR, STE D		1.3 STREET ADDRESS			}
CITY-ST-ZIP	MELBOURNE FL 32935		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change	Addition
NAME	MENZEL, ROBERT W		2.2 NAME			j
STREET ADDRESS	AAAR ELEGEBOULOG DD OFF D	-	2.3 STREET ADDRESS -			
	MELBOURNE FL 32935		2, 4 CITY-ST-ZIP			j
CITY-ST-ZIP	MELDOURINE PL 32933		3.1 TITLE		☐ Change	Addition
TITLE	1	_	ì		_ •	_ {
NAME	}	1	3.2 NAME			
STREET ADDRESS	1		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		[70:	TT Addition
TITLE	, .	☐ DELETE	4.1 TITLE		Change	Addition
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STREET ADDRESS		T T			₹.	
ī		ĺ	4.3 STREET ADDRESS		· .	i
CITY-ST-77P			4.3 STREET ADDRESS 4.4 City-St-ZiP			
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TITLE		☐ DELETE	4.4 CITY-ST-ZIP	· .		☐ Addition
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	-		☐ Addition
TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	-		☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	·	☐ Change	

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:

*r/*EQUIRED OFFICER OR DIRECTOR