## 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 # P98000091833 1. Corporation Name

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90094 047 \*\*\*150.00

	TIONS CONSTRUCTION, IN	IC.		1	
				1 (2012) 201 120 1010 1 1201 1 1011 1 1011 1	1866 FB181 F48F1 28188 1118F 1471 4884
Principal Place	e of Business	Mailing Address		- I LEGILEN HO INING FRANCE ROUTE BOUT APHIL I	Mith 1818\$ Hadi 18160 Hiles Hill 1861
2301 PARK AVENUE 2301 PARK AVENUE					
ORANGE PARK FL 32073 ORANGE PARK FL 32073					
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed 10/28/1998	
O Deix size I D	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
<b>└</b> ──	lace of business	<del></del>		59-35-HIIO	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	<i>n</i> , o.c.	27		5. Certificate of Status Desired	Fee Required
City & Stat	re	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	29	30	Personal Property Tax.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent
1 1/2	CITIL M. CANDO ECOLUDE		81 Name		
	EITH M. SANDS, ESQUIRE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	ATLANTIC BOULEVARD			<u> </u>	
	E 200		83		
JACI	KSONVILLE FL 32207		84 City		85 Zip Code
					FL 83 Zip code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute of Florida, Such change was au	s, the above-named corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the ap	e of changing its registered
agent. I a	im familiar with, and accept the obligation	tions of, Section 607.0505, Flori	da Statutes.	,	
SIGNATURE					
SIGNATURE					
	Signature, typed or printed name of registered agen		Registered Agent signature required		
12.	OFFICERS AN	D DIRECTORS	13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
12.	OFFICERS AN		13. 1.1 TITLE		
12. TITLE NAME	OFFICERS AND HARTWIG, KELLY	D DIRECTORS	13. 1.1 TITLE 12 NAME		S AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS AN D HARTWIG, KELLY 2301 PARK AVENUE	D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS		S AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D HARTWIG, KELLY 2301 PARK AVENUE ORANGE PARK FL 32073	D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP		S AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D HARTWIG, KELLY 2301 PARK AVENUE ORANGE PARK FL 32073	D DIRECTORS	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE		S AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D HARTWIG, KELLY 2301 PARK AVENUE ORANGE PARK FL 32073 D WALKER, CLYDE III	D DIRECTORS	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP 2.1 TITLE 22 NAME		S AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D HARTWIG, KELLY 2301 PARK AVENUE ORANGE PARK FL 32073 D WALKER, CLYDE III 2301 PARK AVENUE	D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY- ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		S AND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D HARTWIG, KELLY 2301 PARK AVENUE ORANGE PARK FL 32073 D WALKER, CLYDE III	D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY- ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		S AND DIRECTORS IN 12 Change Addition
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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 instee 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:

ER OR DIRECTOR