PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DOCUMENT # P98000095779

RANDY J. MELLOR ERECTING, INC.

r incipal r lace	Of Dualine
3576 JUNCTION	ST.
NORTH BOOK E	24200

Mailing Address

FILED Mar 09, 1999 8:00 am **Secretary of State**

03-09-1999 90139 030 ***150.00



Principal Place of Business 3576 JUNCTION ST. NORTH PORT FL 34286 NORTH PORT FL 34286 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/09/1998 4. FEI Number Applied For Not Applicable \$8.75 Additional -[] 5. Certifcate of Status Desired Fee Required 22 Çity & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible No Yes Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PREWETT, DANIEL L 82 Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA RD. SOUTH SARASOTA FL 34233 83 Zip Code 24 City 85 11. 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Change DELETE 11 TITLE TITLE MELLOR, RANDY J 1.2 NAME NAME 3576 JUNCTION ST. 1.3 STREET ADDRESS STREET ADDRESS **NORTH PORT FL 34286** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Maddition 2.1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 4.1 TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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.

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