

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90180 007 ***150.00

DOCUMENT # P98000099441

1. Corporation Name

TREECE CONSTRUCTION, INC.

Principal Place of Business

1801 CHADWICK
ENGLEWOOD FL 34238

Mailing Address

1801 CHADWICK
ENGLEWOOD FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1998

4. FEI Number

65-0877962

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

2. Principal Place of Business

21 1801 CHADWICK ROAD

2a. Mailing Address

26 1801 CHADWICK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 ENGLEWOOD, FL

27 City & State

28 ENGLEWOOD, FL

Zip

Country

24 34223-1515

25 USA

Zip

Country

29 34223-1515

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TREECE, ROBERT S
1801 CHADWICK
ENGLEWOOD FL 34238

81 Name

ROBERT S. TREECE

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

8714 GREY OAKS AVENUE

83

SARASOTA

84 City

FL

85 Zip Code

34238

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD TREECE, ERIC W

STREET ADDRESS 1801 CHADWICK

CITY-ST-ZIP ENGLEWOOD FL 34238

TITLE ☐ DELETE

NAME VPD TREECE, ROBERT S

STREET ADDRESS 8714 GREY OAKS AVENUE

CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ DELETE

NAME SD TREECE, KATHLEEN T

STREET ADDRESS 1801 CHADWICK

CITY-ST-ZIP ENGLEWOOD FL 34238

TITLE ☐ DELETE

NAME TD TREECE, CONNIE W

STREET ADDRESS 8714 GREY OAKS AVENUE

CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME TREECE, ERIC W.

1.3 STREET ADDRESS 1801 CHADWICK ROAD

1.4 CITY-ST-ZIP ENGLEWOOD, FL 34223-1515

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME SECRETARY TREECE, KATHLEEN T.

3.3 STREET ADDRESS 1801 CHADWICK ROAD

3.4 CITY-ST-ZIP ENGLEWOOD, FL 34223-1515

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/19/99

941-918-0147

CR2E034 (1/98)