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 # P98000102019

BAEDEKER CONSTRUCTION, INC.

Principal Place of Business Mailing Address

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90026 024 ***150.00



3050 S. HOPKINS AVENUE TITUSVILLE FL 32780			3050 S. HOPKINS AVENUE TITUSVILLE FL 32780							
							DO NOT WRI	TE IN THIS	SPACE	
ĺ							3. Date Incorporated or Qualifed 12/01/1998			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			Applied For
21			26 P.O. Box 1870				59-3545185		i—+-	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #. etc.				32-3343103			Additional
22	<i>.</i>	27				}	5. Certifcate of Status Desired			Required
City & Sta	ite		City & State			·	6. Election Campaign Financing		\$5.00	May Be
23		28	Titusville, Fl				Trust Fund Contribution	Added to Fees		
Zip	Country			ountr	/		8. This corporation owes the curr	ent year Int	angible	
24	25	29	32780 30			İ	Personal Property Tax.		Yes	X INo
	9. Name and Address of Curren	t Regis	tered Agent				10. Name and Address of New F	egistered .	Agent	
A.G.C. CO.					Name Bi	rocke	lmeyer, Donna			
200 SOUTH ORANGE AVENUE SUNTRUST CENTER #2300				82	Street	Addres	s (P.O. Box Number)s Not Accepta Vinchester Dr.	ible)		
				83		J J O V	inchester br.			
	NDO FL 32801									
				84	City	itusv	ville	FL	85 Zip	780
11. Pursuant office or I	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 6	07.1508, Florida Statutes, the da. Such change was authorized Section 607.0505. Florida Statutes	aboved by	e-named	1 comors	tion cultimite this statement for the	purpose of t the appoir	changing i ntment as i	ls registered registered
SIGNATURE	1 1 1/1/27 1 4 6 7 1						: Vice-President/Se			
	Signature, typed of provided name of registered ager		if applicable. (NOTE: Registe	red Age	nt signature	required w	nen reinstating)	DATE	<u> </u>	
12.	OFFICERS AN	D DIRE					ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	D		☐ DELETE 1.1	TITLE)			Change	☐ Addition
NAME	BOLAND, DAVID		1.2	NAME		Ì				
STREET ADDRESS			1.3	STREE	TADDRESS	686	5 Riveredge Dr.			j
CITY-ST-ZIP	TITUSVILLE FL 32780			CITY-S	T-ZIP	Tit	usville, Fl. 32780			
TITLE	ĺ	☐ DELETE 2.1 TO		TITLE		T -	P/D		Change	X Addition
NAME			22	NAME			es, Allen			1
STREET ADDRESS	· ·		2.3	STREE	TADDRESS		9 Sun Valley)
CITY-ST-ZIP	<u> </u>			CITY-	T-ZIP		<u>usville, Fl.</u>			
TITLE	1		DELETE 3.1	TITLE		V/S			Change	Addition
NAME	(3.2	NAME		Bro	ckelmeyer, Donna			
STREET ADDRESS			3.3	STREE	T ADDRESS	499	O Winchester Dr.			ı
CITY-ST-ZIP				. CITY-S	T-ZIP		usville, Fl. 32780		<u> </u>	
TITLE			DELETE 4.1	TITLE					Change	☐ Addition
NAME			4.3	NAME						ļ
STREET ADDRESS			4.3	STREE	FADDRESS					İ
CITY-ST-ZIP	<u> </u>			CITY-S	T-ZIP	\ _				
TITLE				TITLE		1			☐ Change	Addition)
NAME			9	NAME						{
STREET ADDRESS			ľ		ADDRESS					E.
CITY-ST-ZIP				000/ 0	T ZID					
TITLE				CITY-S	1-ZIP	├			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 suppliemental 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 repeiver 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 only a attachment witty an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Donna Brockelmeyer 04/27/99