

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90083 022 \*\*\*150.00

A0007829



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000059172**

**1. Entity Name**  
**CONGER CONSTRUCTION CONSULTANTS, INC.**

<b>Principal Place of Business</b> P.O. BOX 60021 FT. MYERS FL 33906		<b>Mailing Address</b> P.O. BOX 60021 FT. MYERS FL 33906-6021	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number**  
**EIN# 65-0935709**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**GATTENY, DEANN**  
**7327-A SANIBEL BLVD.**  
**FT. MYERS FL 33912**

**7. Name and Address of New Registered Agent**  
**Name: CONGER, J W**  
**Street Address (P.O. Box Number is Not Acceptable): PO Box 60021**  
**20 Georgetown - Ft. Myers Fla**  
**City: Ft Myers** **FL** **Zip Code: 33906**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE:** *X J W Conger Pres.* **DATE:** *X 13 Jan 00*

Signature typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)** ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONGER, J W P.O. BOX 60021 FT. MYERS FL 33906 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *X J W Conger* **DATE:** *X 13 Jan 00* **Daytime Phone #:** *941 9361340*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR