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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harrls

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S01265

1. Corporation Name

V. M. ZARBO BUILDERS, INC.

Principal Plac	e of Business	Ma	iling Address							
P.O. BOX 2916		P.O. BOX 291682								
PORT ORANGE	FL 32129	PORT ORANGE FL 32129 US				DO NOT WRITE IN THIS SPACE				
03		00					3. Date Incorporated or Qualifed		-	
							09/20/1990			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Appl	ied For
21		26					59-3039750		Not a	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8	.75 Ad	Iditional
22		27					5. Certificate of Status Desired	F	ee Req	uired
City & Stat	le		City & State				6. Election Campaign Financing	\$!	5.00 M	lay Be
23		28					Trust Fund Contribution	A	dded to	Fees
Zip	Country		Zip	Coul	ntry		8. This corporation owes the current year	_		<u>. </u>
24	25	29		30			Personal Property Tax.	☐ Ye		□No
	9. Name and Address of Curre	ent Regist	tered Agent				10. Name and Address of New Register	ed Agent		
740	DO VINCENT M				81	Name				
	BO, VINCENT M.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
1	ROCKLEDGE LA.						·			
POR	T ORANGE FL 32127				83					
					84	City		85	Zip Co	ode
			•			•	•	-L]	•	
11. Pursuant	to the provisions of Sections 607.05	502 and 60	07.1508, Florida Statut	es, the at	ove	-named corpo	pration submits this statement for the purpose	of chang	ng its re	gistered
office or r	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florid pations of,	a. Such change was a Section 607.0505, Flo	iutnorizea irida Statu	by ۱ .ites	ine corporation	n's board of directors. I hereby accept the ap	pontunent	as regi	stered
SIGNATURE	, ,									
SIGNATURE	Signature, typed or printed name of registered ag	gent and title it	applicable. (NOTE	: Registered	Agent	t signature required	when reinstating) - a - 1 year 1552 - consisting County DATE	r charre	. 94, 1,	
12.	OFFICERS A	AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	D		☐ DELETE	1.1 TIT	LE			. □ Cł	ange	Addition
NAME	ZARBO, VINCENT M.			1.2 NA	ME					
STREET ADDRESS				1.3 ST	REET.	ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL			1.4 CIT	Y-ST	- ZIP				
TITLE			☐ DELETE	2.1 TIT	LΕ				ange	☐ Addition
NAME				2.2 NA				ПCI		
STREET ADDRESS				2.2 NA	ME			្រូប		
CITY-ST-ZIP						ADDRESS		្រូប		
TITLE					REET.			[] CI		·
			☐ DELÉTE	2.3 ST	REET.				ange	Addition
NAME		<u> </u>	☐ DELETE	2.3 ST 2. 4 CI	REET. TY-ST				ange	Addition
NAME STREET ADDRESS		<u> </u>	☐ DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA	REET. TY-ST LE ME				ange	Addition
1			□ DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA	REET. TY-ST LE ME REET.	T-ZIP ADDRESS			lange	Addition
STREET ADDRESS			☐ DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI	REET. TY-ST LE ME REET. TY-ST	T-ZIP ADDRESS			•	☐ Addition
STREET ADDRESS CITY-ST-ZIP				2.3 STI 2.4 CF 3.1 TIT 3.2 NA 3.3 STI 3.4. CF	REET. IY-SI LE ME REET. IY-SI LE	T-ZIP ADDRESS			•	
STREET ADDRESS CITY-ST-ZIP TITLE				2.3 STI 2.4 CF 3.1 TIT 3.2 NA 3.3 STI 3.4 CF 4.1 TIT 4.2 NA	REET. IY-SI LE ME REET. IY-SI LE	T-ZIP ADDRESS			•	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				2.3 STI 2.4 CF 3.1 TIT 3.2 NA 3.3 STI 3.4 CF 4.1 TIT 4.2 NA	REET. IY-SI LE ME REET. IY-SI LE ME	T-ZIP ADDRESS T-ZIP ADDRESS			•	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.3 STI 2.4 C/I 3.1 TIT 3.2 NA 3.3 STI 3.4 C/I 4.1 TIT 4. 2 N/A 4.3 STI 4.4 C/I	REET. TY-ST LE ME REET. TY-ST LE AME REET. Y-ST	T-ZIP ADDRESS T-ZIP ADDRESS		□ cr	ange	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CII 5.1 TIT 5.2 NA	REET. LE ME REET. TY-ST LE ME LE ME REET. Y-ST LE ME	T-ZIP ADDRESS T-ZIP ADDRESS		□ cr	ange	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CII 5.1 TIT 5.2 NA	REET. TY-S1 LE ME REET. TY-S1 LE AME REET. Y-S1 LE ME REET. REET. REET.	T. ZIP ADDRESS T. ZIP ADDRESS -ZIP ADDRESS		□ cr	ange	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	REET. TY-SI LE ME REET. TY-SI LE ME REET. Y-SI LE REET. Y-ST REET. Y-ST	T. ZIP ADDRESS T. ZIP ADDRESS -ZIP ADDRESS		□ cr	nange	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CII 5.1 TIT 5.2 NA 5.3 STI 5.4 CII	REET. TY-ST LE ME REET. TY-ST LE ME REET. TY-ST LE LE LE LE LE LE LE LE LE L	T. ZIP ADDRESS T. ZIP ADDRESS -ZIP ADDRESS			nange	Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR