## 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 # S04553**

LOTT CO	ONSTRUCTION SERVICES, II	NC.		 	### <b>#   1</b>   1   1   1   1   1   1   1   1	
Principal Plac	e of Business	Mailing Address			1	1
429 N HENNIS	· <del>-</del>	P.O. BOX 2185	100		•	
WINTER GARDE	EN FL 34787	WINTER GARDEN FL 34777-21 US	185	DO NOT WRITE I	IN THIS SPACE	
03		00		3. Date Incorporated or Qualifed		
		•		09/21/1990	•	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	App	olied For
21		26		59-3036379	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certifcate of Status Desired	\$8.75 A	
22 City & Stat	<u></u>	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added to	*
Zip 24	Country 25	Zip 30	Country	This corporation owes the current     Personal Property Tax.		∷ : □No '
24	9. Name and Address of Current	11	<u>,                                      </u>	10. Name and Address of New Regi		
	10 mg		81 Name			
, ,,,,,,,FLEP	MING, BELINDA	157	82 Street Add	Iress (P.O. Box Number is Not Acceptable	1	<del>!                                    </del>
LG 1970	CREST AVENUE, EAST	¥€ y.	Julean Add	iress (F.O. Dox Number is Not Acceptable	), , a manda a suma a sum a s	
WIN	TER GARDEN FL 34787		83			100
		•	84 City	<ul><li>(2) 1775-世元子を持て、第二次を27位的数十分後、2 1777-世元 2017 (2017) 2017 (2017) 2017 (2017)</li></ul>	85 Zip C	ode ***
	at an				FL	'
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statutes,	, the above-named con	poration submits this statement for the pur	pose of changing its r	registered
agent. La	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.	iona board of directors. Frictory decoys in	o appointment as reg	istered
agent. I a	m familiar with, and accept the obligation familiar with, and accept the obligation familiar with a second familia	onslof, Section 607.0505, Florida	a Statutes.		DATE	istered
agent. La	ım familiar with, and accept the obligati	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	a Statutes.		DÁTE	
SIGNATURE	im familiar with, and accept the obligation	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re	a Statutes. agistered Agent signature require	ed when reinstating) - } . } . ,	DÁTE	
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation  Signature, typed or printed name of registered agent  OFFICERS AND	ons. of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS	a Statutes.  gistered Agent signature require	ed when reinstating) - } , ; ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND D LOTT, JOHNNIE PAUL, JR. 12952 REEVES ROAD	ons. of, Section 607.0505, Florida and title if applicable. (NOTE: Re D DIRECTORS	a Statutes.  sgistered Agent signature require  13.  1.1TITLE	ed when reinstating) - } , ; ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR	RS IN 12
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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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90020 021 \*\*\*150.00