## 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 #	S14667
1 Corporation Name	O . 1001

Corporation Name

PHILCO CONSTRUCTION, INC.

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90212 029 \*\*\*317.50



Principal Place	of Business	Mailing Address			1.00031016101110111111111111111111111111		,, (8 9) <b>6 6</b>    1	+·1 81811 6181	, 4.911 BiBit (88)
781 WYMORE ROAD 781 WYMORE ROAD MAITLAND FL 32751-4230 MAITLAND FL 32751-4230			DO N	OT WRIT	E IN THIS	SPACE			
					3. Date Incorporated or 0	Qualifed			
					11/21/1990				
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number				Applied For
21 1390	O HOPE RAAD	26 1390 HOPE RO	AP	9	59-3039205		· ·		Not Applicable
Suite, Apt. i		Suite, Apt. #, etc.			5. Certifcate of Status De	ocirod		\$8.75	Additional
22 SUITE 200 27 SUITE 200					J. Certificate of Status De		щ <b>и</b>	Fee f	Required
City & State  City & State  City & State  City & State  28 MAITLANO				FL	6. Election Campaign Fir Trust Fund Contribution	_		•	May Be to Fees
Zip	Country		ountry	/	8. This corporation owes	the curre	ent year Inta	angible	
24 327	<b>5</b>   25	29 32751 30			Personal Property Tax			Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of	of New R	egistered A	Agent	
			81	Name					
	HMIER, RANDALL R.		82	Street Addre	ess (P.O. Box Number is Not	Accepta	ble)		
	WYMORE ROAD			1390	HOPE RO				
MAIT	LAND FL 32751		83	541	TE 200				1
			84		16 200			85 Zij	Code
			-	MAR	TLAND		FL	3	2757
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	<sup>r</sup> Florida. Such change was authori	zed by	the corporation	oration submits this statemer on's board of directors. I here	t for the by accep	purpose of t the appoi	changing i ntment as	its registered registered
SIGNATURE		•							
SIGNATIONE .	Signature, typed or printed name of registered agent a			nt signature required			DATE		5050 11 40
12.	OFFICERS AND		3.	<del></del>	ADDITIONS/CHANGES	TO OFF	FICERS AN		
TIFLE	CDST		ITITLE					☐ Change	e ☐ Addition
NAME	PHILLIPS, THOMAS, B	1.	2 NAME			,			İ
STREET ADDRESS	525 TABATHA DR	1.	3 STREE	T ADDRESS					
CITY-ST-ZIP	OSTEEN FL 32764		4 CITY-S	ST- ZIP					Addition
TITLE	PD	☐ DELETE 2.	1 TITLE					☐ Change	e 🗌 Addition
NAME	BIRCHMIER, RANDALL, R	2	2 NAME						
STREET ADDRESS	207 WEST SABAL PALM PLC	2.	3 STREE	TADDRESS					ļ
CITY-ST-ZIP	LONGWOOD FL		4 CITY-	ST-ZIP					
TITLE			1 TITLE					Change	e
NAME		3	2 NAME						]
STREET ADDRESS		3.	3 STREE	TADDRESS					
CITY-ST-ZIP			4. CITY-	ST-ZIP					
TITLE		☐ DELETE 4.	1 TITLE					Change	e
NAME		4.	2 NAME						
STREET ADDRESS		4.	3 STREE	T ADDRESS					ļ
CITY-ST-ZIP			4 CITY-S	ST-ZIP	<u> </u>				
TITLE			TITLE					☐ Change	e 🗀 Addition
NAME			2 NAME	1					{
STREET ADDRESS				TADORESS					
CITY-ST-ZIP		-	4 CITY-5	ST-ZIP					
TITLE		☐ DELETE 6	1 TITLE		•			☐ Change	e 🗀 Addition
NAME		6	2 NAME						
STREET ADDRESS		6.	3 STREE	T ADDRESS					(
CITY-ST-ZIP	Straff grant of the	· 6.	4 CITY-5	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: