

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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90017 046 \*\*\*150.00

DOCUMENT # S27755

1. Corporation Name

HAWKEYE CONSTRUCTION OF SOUTH FLORIDA, INC.

Principal Place of Business

4411 CLEVELAND AVE.  
FT. MYERS FL 33901  
US

Mailing Address

4411 CLEVELAND AVE.  
FT. MYERS FL 33901  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1991

4. FEI Number

65-0264640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

GARGARNO, ANTHONY J.  
2075 W FIRST ST  
STE 203  
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DCEO ☐ DELETE  
NAME LAGESCHULTE, DAVID L.  
STREET ADDRESS 2644 SHRIVER DR.  
CITY-ST-ZIP FT. MYERS FL

TITLE DST ☐ DELETE  
NAME LYNCH, PAUL W.  
STREET ADDRESS 5745 SANDPIPER PL  
CITY-ST-ZIP FT. MYERS FL

TITLE DP ☐ DELETE  
NAME BRAWNER, TERRY K.  
STREET ADDRESS 77 S BIRCH RD  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE  
NAME KLINGENSMITH, KIT A.  
STREET ADDRESS 1838 WHITECAP CIR  
CITY-ST-ZIP N FT MYERS FL

TITLE D ☐ DELETE  
NAME REGNIER, DALE  
STREET ADDRESS 981 WITTMAN DRIVE  
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 4411 CLEVELAND AVE  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 4411 CLEVELAND AVE  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 4411 CLEVELAND AVE  
3.4 CITY-ST-ZIP FT MYERS FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 4411 CLEVELAND AVE  
4.4 CITY-ST-ZIP FT MYERS FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 4411 CLEVELAND AVE  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

941-275-6339

Daytime Phone #

CR2E034 (1/98)

04/7507