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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90010 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S29859

1. Corporation Name
M.B.C. CONSTRUCTION, INC.



Principal Place of Business
 2706 S HORSESHOE DRIVE #102 NAPLES FL 34104 US

Mailing Address
 P O BOX 2852 P O BOX 2852 NAPLES FL 34106 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **4707 Enterprise Ave.**

2a. Mailing Address

3. Date Incorporated or Qualified
02/05/1991

4. FEI Number
65-0244754

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
2

26 Suite, Apt. #, etc.

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

23 City & State
Naples FL

27 City & State

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

24 Zip Country
34104 US

29 Zip Country
30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, STEVEN A.
 496 RAVEN WAY
 NAPLES FL 34110**

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PS
 NAME MILLER, STEVEN A.
 STREET ADDRESS 496 RAVEN WAY
 CITY-ST-ZIP NAPLES FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE V
 NAME MILLER, WILSON H.
 STREET ADDRESS 18640 CEDAR DR W
 CITY-ST-ZIP FT MYERS FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE T
 NAME MILLER, KIMBERLY L
 STREET ADDRESS 975 9TH AVENUE SOUTH #18
 CITY-ST-ZIP NAPLES FL 34102

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE V
 NAME SMALL, ROY
 STREET ADDRESS 1834 GROVE AVENUE
 CITY-ST-ZIP FT MYERS FL 33901

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 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: *Kimberly L. Miller* **Kimberly L. Miller** 4-16-99 941-403-1046
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)