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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am **Secretary of State**

02-19-1999 90106 005 ***150.00

DOCUMENT #	\$45494

1. Corporation Name

RON PU	ITMAN CONSTRUCTION,	ii, inc.										
D-ii1 D1	- A Duration											
Principal Place of Business PO BOX 28375 PANAMA CITY FL 32411 Po BOX 28375 PANAMA CITY FL 32411							:	DO NOT WRITE IN THIS SPACE				
							3.	Date Incorporated or Qualifed		3 Q1 7 QL		
							"	04/12/1991				
2. Principal P	Place of Business	2a.	Mailing Address			-	4.	FEI Number			Applied For	
21		26						59-3063474			ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.								Additional	
22		27					5.	Certificate of Status Desired		Fee F	Required	
City & Stat	e		City & State				6.	Election Campaign Financing		\$5.00	May Be	
23		28						Trust Fund Contribution			to Fees	
Zip	Country		Zip	Col	untry		8.	This corporation owes the cur	rent year in	tangible		
24	25	29		30				Personal Property Tax.		☐Yes	□No	
	9. Name and Address of Curr	ent Regist	ered Agent		١.,	ı	10.	Name and Address of New	Registered	Agent		
ure	C DDIAN D				81	Name					ļ	
	S, BRIAN D.				82	Street Ad	dress (F	O. Box Number is Not Accept	able)			
	B FRONT BEACH RD								,			
PAN	AMA CITY BEACH FL 32407				83			· ·				
					1 3							
					9.4	City				los I Zin	Codo	
					84	City			FL	85 Zip	Code	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida	a. Such change was a	uthorized	above d by	e-named co the corpora	orporation ation's bo	n submits this statement for the pard of directors. I hereby acce	nurnose of	changing it	s registered	
office or re agent. I at	egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida gations of, :	a. Such change was a Section 607.0505, Flo	uthorized rida Stat	above d by tutes.	e-named co the corpora	ation's bo	pard of directors. I hereby acce	purpose of pt the appoi	changing it	s registered	
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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.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

2-11-99

☐ Change

Addition