## 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** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90024 006 \*\*\*158.75

## **DOCUMENT # \$49435** 1. Corporation Name

SLEDGE CONSTRUCTION COMPANY, INC.

Principal Place	e or business	Walling Address		ì		
O ROYSTER D	)R	50-ROYSTER DR				
CRAWFORDVILL		CRAWFORDVILLE FL 32327		}		
JS		U\$	_	DO NOT WRITE I	N THIS SPACE	
				3. Date Incorporated or Qualifed		
				05/02/1991		
2 Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Ar	plied For
z. Filicipal F	Tace of Business		x 156	59-3063318	<u>-</u> -	ot Applicable
.1			130	393003316		
_ Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	ر <del></del> در	5. Certificate of Status Desired		Additional
2		27 Crawtoidu	ille, ti		Fee Re	equired
City & Stat	te	City & State		Election Campaign Financing	\$5.00	May Be
3		28 32326		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	ear Intangible	
_ `		_ <del>                                    </del>	30 Wakulla	Personal Property Tax.	Yes	⊠No
4	25		30 WHILE II W			
	9. Name and Address of Currer	nt Registered Agent	—— <del> </del>	10. Name and Address of New Regi	steled Agent	
511.	MOOLEY HIDLD		81 Name			
	INGSLEY, JUDI B.		82 Street-Addi	ess (P.Q. Box Number is Not Acceptable)		
50 F	ROYSTER DR		oz Street Add	1 St. Box Married is Not recopiable)		
CRA	WFORDVILLE FL 32327		83			
			84 City		85 Zip (	Code
					FL   _	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purp	ose of changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change was au	ithorized by the corporation	on's board of directors. I hereby accept the	e appointment as re	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flor	ida Statutes.			
SIGNATURE					ATE	
	Signature, typed or printed name of registered age		Registered Agent signature require			NDO IN 40
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITLE		Change	☐ Addition
(AME	BILLINGSLEY, JUDI B.		1.2 NAME			
	50 ROYSTER DR		1.3 STREET ADDRESS			
TREET ADDRESS	<b>,</b> - <b>-</b> - · · · ·		<b>a</b> ,			
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		1.4 CITY-ST-ZIP			☐ Addition
TITLE	{ D	☐ DELETE	2.1 TITLE		Change	Addition
VAME	BURGIN, GORDON L.		2.2 NAME			
STREET ADDRESS	1421 NANCY DRIVE		2.3 STREET ADDRESS			
	TALLAHASSEE FL		2.4 CITY-ST-ZIP			
CITY-ST-ZIP	D TALLAMASSEE PE	DELETE	31 TITLE		Change	Addition
TITLE	•	- Deceie				
NAME	BILLINGSLEY, KAYNE		3.2 NAME			
STREET ADDRESS	6112 BUCK LAKE RD		33 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		3.4, CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
		<del></del>	4.2 NAME		•	
NAME	1					1
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP_			44 CITY-ST-ZIP	_ <del></del>		
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
IAME :			5.2 NAME			
	}		5.3 STREET ADDRESS			
STREET ADDRESS						'
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	İ		6.1 TITLE		☐ Change	☐ Addition
		☐ DELETE	on the			_
IAME		[ ] DEFEIE	6.2 NAME		~ •	_

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: