

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 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90006 035 \*\*\*150.00

DOCUMENT # **S54691**

1. Corporation Name  
**DAN LOWE CONSTRUCTION, INC.**

Principal Place of Business

**38334 THEEL AVE  
ZEPHYRHILLS FL 33540  
US**

Mailing Address

**38334 THEEL AVENUE  
ZEPHYRHILL FL 33540**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/23/1991**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** **4430 W WALLACE AVE**  
Suite, Apt. #, etc.

**27** City & State

**28** **TAMPA FL**

**29** Zip

**30** **33611** Country

4. FEI Number

**59-3070442**

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

9. Name and Address of Current Registered Agent

**LOWE, DAN  
38334 THEEL AVENUE  
ZEPHYRHILL FL 33540**

10. Name and Address of New Registered Agent

**81** Name

**GLORIA HORFEA**

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

**4430 W. WALLACE AVE**

**83**

**84** City

**TAMPA**

**FL**

**85** Zip Code

**33611**

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 ☒ DELETE

**P**  
**LOWE, DAN**  
**38334 THEEL AVENUE**  
**ZEPHYRHILL FL**

TITLE ☐ DELETE

**V**  
**SEALEY, JAMES T**  
**38334 THEEL AVENUE**  
**ZEPHYRHILL FL 33540**

TITLE ☐ DELETE

**T**  
**LOWE, LORETTA**  
**38334 THEEL AVENUE**  
**ZEPHYRHILL FL 33540**

TITLE ☐ DELETE

**S**  
**WILKES, DENNIS**  
**7105 ASH ST.**  
**ZEPHYRHILLS FL 33541**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**P**  
**LORETTA LOWE**  
**38334 THEEL AVE**  
**ZEPHYRHILL FL 33540**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME**  
**5.3 STREET ADDRESS**  
**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

**James Sealey** **16-99(813) 788-7909**  
Date Daytime Phone #

CR2E034 (11/98)