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**

DOCUMENT # **S61798**

1. Corporation Name

BEDROCK CONSTRUCTION COMPANY

Principal Place	e of Business	Mailing Address) (Solds to min) their pass into the same	91811 91811 21811 91		
THE LAW CENTER, SUITE ONE THE LAW CENTER, SUITE ON								
370 MINORCA AVENUE 370 MINORCA AVENUE					DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
CORAL GABLES FL 33134 CORAL GABLES FL 33134					3. Date Incorporated or Qualifed			
					06/24/1991			
Principal Place of Business Za. Mailing Address					4. FEI Number		plied For	
21 26					65-0273584		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certifcate of Status Desired	\$8.75 A Fee Red		
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	_ Country		8. This corporation owes the current year Ir			
24	25	29 30	0		Personal Property Tax.		□No	
	9. Name and Address of Curren	t Registered Agent		r	10. Name and Address of New Registered	Agent		
0.00	DICHARD		81	Name				
GAY, RICHARD 1121 N.E. 202 STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33179			83					
			84	City	FI	85 Zip C	ode	
44 Diversions	to the provisions of Costions 607 050	2 and 607 1508 Florida Statutes	the above	a-named co	rporation submits this statement for the purpose o	f changing its	registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was auth	orizea by	tne corpora	tion's board of directors. I hereby accept the appo	ointment as reg	gistered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes	•				
SIGNATURE		A condition of configuration (NOTE: Pu	paietared Ager	nt eignature regul	ired when reinstating) DATE			
12.	Signature, typed or printed name of registered agent and trille if applicable. (NOTE: Re OFFICERS AND DIRECTORS			a signatoro roqui	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	D DELETE		1.1 TITLE			Change	☐ Addition	
NAME	THOMSON, JOHN M.		1.2 NAME					
STREET ADDRESS	370 MINORCA NE #1		1.3 STREET	TADORESS				
CITY-ST-ZIP	CORAL GABLES FL		14 CITY-S	T-ZIP				
TITLE			2.1 TITLE			☐ Change	Addition	
NAME	1 1		2.2 NAME					
STREET ADDRESS	l		2.3 STREE	TADORESS				
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP	- Targeton			
TITLE			3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	TADDRESS				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
T/TLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS			1	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	

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 supplied annual report is the 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 nustee/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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90172 015 ***150.00

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