


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90030 011 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S62408					
1. Corporation Name JEFF WARREN CONSTRUCTION, INC.					
Principal Place of Business 3316 PLYMOUTH-SORRENTO RD BOX 482 PLYMOUTH FL 32768			Mailing Address 3316 PLYMOUTH-SORRENTO RD BOX 482 PLYMOUTH FL 32768		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/21/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3074949	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
26		27		30	
9. Name and Address of Current Registered Agent O'NEAL, MASTON ESQ 422 S CENTRAL AVE APOPKA FL 32703			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85			86 Zip Code		
87			88		
89			90		
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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME WARREN, JEFFREY					
1.3 STREET ADDRESS 3316 PLYMOUTH-SORRENTO R					
1.4 CITY-ST-ZIP PLYMOUTH FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME WARREN, TAMMY GAIL					
2.3 STREET ADDRESS 3316 PLYMOUTH-SORRENTO R					
2.4 CITY-ST-ZIP PLYMOUTH FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

407-886-8555

CR2E034 (11/98)