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 May 07, 1999 8:00 am Secretary of State

05-07-1999 90030 011 ***150.00

1. Corporation	ARREN CONSTRUCTION, INC	Mailing Address						
3316 PLYMOUTH-SORRENTO RD 3316 PLYMOUTH-SORRENT								
BOX 482 BOX 482						DO NOT WRITE IN	TUR COACE	
PLYMOUTH FL 32768 PLYMOUTH FL 32768						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						06/21/1991		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	_ '					59-3074949	 	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	5 Additional
27						5. Certifcate of Status Desired	Fee	Required
City & State	e	City & State			•	6. Election Campaign Financing	\$5.0	00 May Be
23		28				Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year		_
24	25		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		81 N	ame	10. Name and Address of New Registe	red Agent	· ·
O'NEAL, MASTON ESQ 422 S CENTRAL AVE APOPKA FL 32703						ess (P.O. Box Number is Not Acceptable)		
			ļ	84 C	ida		105 7	ip Code
				1 04	ity		FL 85 Z	.ip Code
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was au	thorized	by the	med corpo corporatio	oration submits this statement for the purpos in's board of directors. I hereby accept the a	se of changing appointment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered /	Agent sigr	sature required	when reinstating) DAT	Έ	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	D	☐ DELETE	1.1 TITI	LE			Chang	ge
NAME	WARREN, JEFFREY		1.2 NA	ME	-			
STREET ADDRESS	3316 PLYMOUTH-SORRENTO R		1.3 STF	REET ADO	RESS			
CITY-ST-ZIP	PLYMOUTH FL			Y-ST-ZIP				- 11 PV
TITLE	D	☐ DELETE	2.1 T?Tl				Chang	ge
NAME	WARREN, TAMMY GAIL		2.2 NA	ME	}			
STREET ADDRESS	3316 PLYMOUTH-SORRENTO R			REET ADD				
CITY-ST-ZIP	PLYMOUTH FL	☐ DELETE		TY-ST-ZIF	·			as Addition
*TITLE	UELETE		3.1 11172	f			☐ Chang	ge Addition
NAME	1		3.2 NAM		2500			
STREET ADDRESS				REET ADD				
CITY-ST-ZIP TITLE	. DELETE			3.4. CITY-ST-ZIP 4.1 TITLE			☐ Chang	ge
NAME I	,			4. 2 NAME				,,,
STREET ADDRESS			1	REET ADD	DEGC			
				Y-ST-ZIP				
CITY-ST-ZIP TITLE	`	☐ DELETE	5.1 TITL			***************************************	☐ Chang	ge 🔲 Addition
NAME			5.2 NAM				•	
STREET ADDRESS			5.3 STF	REET ADO	RESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	1			
TITLE		☐ DELETE	6.1 T/TL	LE			☐ Chang	ge Addition
NAME			6.2 NAA	ME				
STREET ADDRESS			6.3 STR	REET ADD	RESS			

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. CITY-ST-ZIP

SIGNATURE:

407-886-8559