## 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 # **S66840**

1. Corporation Name

NASCO GENERAL CONTRACTORS, INC.

## **FILED** Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90096 047 \*\*\*150.00

Principal Place	e of Business	Mai	iling Address					# I III II FI III I	E 14 E BIJIO BHIOL 401:	41 BIBII BBII 81	#IF BIBIL BIBIL B		JIL 87871 1881
4410 N. CLARK	AVE.	441(	O N. CLARK AVE.										
TAMPA FL 33614 TAMPA FL 33614									DO NOT V	WOITE IN T	HIS SPACE		
							-	3. Date Incorp			TIO SPACE		
								07/15/19		ięu			
2 Principal Pl	lace of Business	2a	Mailing Address					4. FEI Number				App	lied For
·	lace of business	26	Maining / Nacroso					59-30880			<u> </u>	<del>                                     </del>	Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.								\$8.7		Iditional
22	<i>π</i> , στο.	27	<b></b>					<ol><li>Certificate of</li></ol>	Status Desired	d 🗀	•	e Req	
City & State			City & State					6. Election Car	πρaign Financi	ing _	\$5.	<b>00</b> N	May Be
23	-	28	•					Trust Fund		a 🗆		ted to	
Zip	Country		Zip	Co	ountry			8. This corpora	ation owes the	current yea	ntangible.		
24	25	29 -		30				Personal Pr	operty Tax.		Yes		No
	9. Name and Address of Curre	ent Regist	ered Agent				1	0. Name and	Address of Ne	w Register	red Agent		
	00 140445				81	Name							
	CO, MICHAEL				82	Street A	Address	(P.O. Box Num	ber is Not Acc	eptable)			
	) N. CLARK AVE.									· · · ·			
IAM	PA FL 33614				83								
				•	84	City				<del></del>	85	Zip Co	ode
					-1-1						-L		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 60	7.1508, Florida Statut	es, the	above	-named o	corporat	tion submits this	statement for	the purpose	of changin	g its re	egistered stered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Fiorida pations of,	a. Such change was a Section 607.0505, Flo	rida Sta	ed by atutes.	ine corpo	Ji ation 5	obard of direct	ors. Thereby at	rceht tite at	pominione	is regi	310,700
SIGNATURE	, , , ,							•					
SIGNATOILE													
	Signature, typed or printed name of registered ag				<del>-</del>	t signature re	equired who	en reinstating)		DATE			201140
12.	OFFICERS A		CTORS	13	3.	nt signature re	equired who		CHANGES TO		AND DIRE		
12.	OFFICERS A			1.1	TITLE	nt signature re	equired who		CHANGES TO				RS IN 12
	OFFICERS A DP NASCO, MICHAEL		CTORS	1.1 1.2 1.2 1	TITLE NAME		equired who		CHANGES TO		AND DIRE		
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CITY-ST-ZIP 14. I hereby certify that the information supplied fith his 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 applied 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 of 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 the receiver of the corporation of the corporat

SIGNATURE: