PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S72205

LEN ERICSON CONTRACTORS, INC.

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90062 016 ***150.00



| Principal Place | of Business | Mailir | ng Address | | | | | | | | | |
|---|--|---------------|--------------------------------|---|--|---|---|---------------|-----------------|-----------------|------------|------------------------------|
| 6800 16TH STREET 6800 16TH STREET | | | | | | | | | | | | |
| ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 | | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | | 3. Date Incorporated o | | | | | |
| | | | | | | | 08/07/1991 | Quality | | | | |
| 2 Principal Pl | lace of Business | 2a M | lailing Address | | | | 4. FEI Number | | | Τ" Τ | Appli | ied For |
| · · | lace of pusitiess | 26 | lailing Addi Coo | | | | 59-3081145 | | | _ } | | Applicable |
| Suite, Apt. | # etc | | uite, Apt. #, etc. | | | | | | | \$8.7 | | ditional |
| | #, etc. | 27 | uno, rept. #, oto | | ببنيمة | | 5: Certificate of Status | Desired | 3 | | Requ | |
| City & State | 9 | | ity & State | | | | 6. Election Campaign | Einancing | | \$5. | חם א | ay Be |
| | | 28 | , | | | | Trust Fund Contribu | _ | | - | ed to | |
| Zip | Country | Zi | ip | Cou | intry | | 8. This corporation ow | | t vear Inta | | | |
| 24 | 25 | 29 | | 30 | • | | Personal Property T | | n your min | Yes | |]No |
| 24 | 9. Name and Address of Curre | | red Agent | 100] | | | 10. Name and Address | | gistered A | Agent | | |
| | 2. Haire and Addition of Galler | | | | 81 | Name | ***** | | | | | |
| ERIC | SON, PAMELA | | | | | | | | | | | |
| 4840 | DOVER ST, NE | | | | 82 | Street Ad | ldress (P.O. Box Number is N | lot Acceptab | le) | | | } |
| ST P | ETERSBURG FL 33703 | | | | 83 | | | | | | | |
| _ | | | | | | | | | | | | |
| | | | | | 84 | City | | | | 85 2 | Zip Co | de |
| 44 5 | to the provisions of Sections 607.050 | 00 607 | 1500 Florido Statu | ton the e | havo | named co | rnoration submits this statem | ent for the n | irnose of o | hanging | its re | gistered |
| 11. Pursuant office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State | e of Florida. | Such change was | authorized | d by t | the corpora | ation's board of directors. I he | reby accept | the appoir | tment a | s regis | stered |
| agent. I a | m familiar with, and accept the obliga | ations of, Se | ection 607.0505, Fi | orida Stati | utes. | | | | | | | |
| | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | |
| | Signature, typed or printed name of registered age | | | | d Agent | t signature requ | ired when reinstating) | ES TO OFFI | DATE CERS AN | n DIREC | TOR | S IN 12 |
| 12. | OFFICERS A | | ORS | 13. | | t signature requ | uired when reinstating) ADDITIONS/CHANG | ES TO OFFI | | | | - |
| 12. | OFFICERS AND | | | 13. | TLE | t signature requ | | ES TO OFFI | | D DIRE(| | S IN 12 |
| 12. TITLE NAME | OFFICERS AND ERICSON, LEN | | ORS | 13. 1.1 TF 1.2 N/ | TLE AME | | | ES TO OFFI | | | | - |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AND ERICSON, LEN 4639 HAINES RD | | ORS | 13. 1.1 TI 1.2 N/ 1.3 ST | TLE AME TREET | ADORESS | | ES TO OFFI | | | | - |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND ERICSON, LEN | | ORS DELETE | 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI | TLE AME TREET TTY-ST | ADORESS | | ES TO OFFI | | ☐ Char | ige | Addition |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AND ERICSON, LEN 4639 HAINES RD | | ORS | 13. 1.1 TI 12 N/ 1.3 ST 1.4 CI 2.1 TI | TLE AME TREET ITY-ST | ADORESS | | ES TO OFFI | | | ige | - |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AND ERICSON, LEN 4639 HAINES RD | | ORS DELETE | 13. 1.1 TI 12 N/ 1.3 ST 1.4 CF 2.1 TI 22 N/ 23 ST | TLE AME TREET TTLE AME TREET | ADDRESS -ZIP ADDRESS | | ES TO OFFI | | ☐ Char | ige | Addition |
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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 entry 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:

RICSON

Daytime Phone #