PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **S80779** 1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

GETTIG CONSTRUCTION, INC.

| Principal Place | e of Business | Mailing Address | | | | i totillete litt littli attit tetti intrit this nint dant eren eider einn eren en | | | | |
|------------------------|--|----------------------------------|------------------------------------|--|----------------------|---|----------------|---------------------------------------|--------------|--|
| 1553 GERBING | RD. | 39 BEACH WOOD RD | | | | | | | | |
| AMELIA ISLAND | | AMELIA ISLAND FL 32034 | | | ļ | | | | | |
| US | | US | | | ļ | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | ļ | 3. Date Incorporated or Qualifed | | | | |
| | | | | | | 09/17/1991 | | <u></u> | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | ļ | 4. FEI Number | | | olied For | |
| 21 | | 26 | | | | 59-3095365 | Not Applicable | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired Fee Required | | | | |
| 22 | | 27 | | | | | | ee Ke | quirea | |
| City & State | е | City & State | | | ļ | 6. Election Campaign Financing \$5.00 May Be | | | | |
| 23 | | 28 | | | | Trust Fund Contribution | Ac | ided to | o Fees | |
| Zip | | | | 8. This corporation owes the current year Intangible | | | | | _ | |
| 24 | 25 | 29 3 | 10 | | | Personal Property Tax. | ☐ Ye | S | □No | |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Registered | Agent | | | |
| | | | 81 | 1 | Name | | | | | |
| GETTIG, RONALD EMERSON | | | 82 | , | Street Addres | ss (P.O. Box Number is Not Acceptable) | | | | |
| 39 B | EACH WOOD RD | 62 | | | Street Addres | treet Address (F.O. Box Hamber to Hot Accoptants) | | | | |
| AME | Lia island fl 32304 | ļī | | | | | | | | |
| | | | Ĺ_ | 1 | | | 1 | - <u></u> | | |
| | | | 84 | 4 | City | FL | 85 | Zip C | (eboc | |
| 44 Durayant | to the provisions of Sections 607 0502 | and 607 1508 Florida Statutes | the abov | VO- | named cornor | ation submits this statement for the nurnose of | changi | na its | registered | |
| l office or re | egistered agent, or both, in the State o | f Florida. Such change was auti | norized by | y tr | ne corporation | 's board of directors. I hereby accept the appoir | ntment | as reg | gistered | |
| agent. I a | m familiar with, and accept the obligati | ons of, Section 607.0505, Florid | a Statute | s. | | | | | | |
| SIGNATURE | | | | | | when reinstating) DATE | | | | |
| | | | Registered Agent signature require | | signature required v | ADDITIONS/CHANGES TO OFFICERS AN | D DIB | ECTO | RS IN 12 | |
| 12. | | DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | ☐ Ch | | Addition | |
| TITLE | PD STATE POLICE | (Decere | B . | | | | | |] | |
| NAME | GETTIG, RONALD EMERSON | | 1.2 NAME | | | | | | | |
| STREET ADDRESS | 39 BEACH WOOD RD | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | AMELIA ISLAND FL | | 1.4 CITY- | | ZIP | | | | PTI Addition | |
| TITLE | VPST | ☐ DELETE | 2.1 TITLE | | | | Ch | ange | Addition | |
| NAME | GETTIG, RONALD EMERSON | | 2.2 NAME | | | | | | 1 | |
| STREET ADDRESS | 39 BEACH WOOD RD | | 2.3 STREE | | ADDRESS | | | | ĺ | |
| CITY-ST-ZIP | | | 2.4 CITY- | 2.4 CITY-ST-ZIP | | | | | | |
| TILE | | ☐ DELETE | 3.1 TITLE | | | | CH | ange | Addition | |
| NAME | | | 3.2 NAME | | | | | | j | |
| STREET ADDRESS | 3.3 | | 3.3 STREI | ETA | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | | } | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | ☐ Ch | ange | ☐ Addition | |
| 1 | | | 4. 2 NAME | | | | | - | } | |
| NAME | 1 | | 4.3 STREE | | ADDDECC | | | | { | |
| STREET ADDRESS | | | | | | | | | Ī | |
| CITY-ST-ZIP | | Document. | 4.4 CITY-5 | | ZIP | | □ Cr | | Addition | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | |
| NAME | | | 5.2 NAME | | | | | | } | |
| STREET ADDRESS | | | 5.3 STRE | | ļ | | | | | |
| CITY-ST-ZIP | | | 1 | CITY-ST-ZIP | | | | | | |
| TITLÉ | | | 6.1 TITLE | | | | Cr | ange | ☐ Addition | |
| NAME | | | 6.2 NAME | • | | | | | | |
| STREET ADDRESS | STREET ADDRESS | | 6.3 STRE | 6.3 STREET ADDRESS | | | | | | |

6.4 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 region 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 affectment with an address, with all other like empowered. JINIA! SIGNATURE:

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90036 002 ***150.00