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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V00167

1. Corporation Name

SUPERIC	OR CONSTRUCTION PROD	OUCTS, INC.			
Principal Place	e of Business	Mailing Address	<u>-</u>	- 1 1981 Direct entil enter 1181 etter 1191 etter	i Midit Bidtt dedet Bidtt Bibit taat
16601 OLD US	HWY 41	16601 OLD US HWY 41			
FT MYERS FL 33912 FT MYERS FL 33912			DO NOT WRITE IN TH	S SPACE	
US		US		3. Date Incorporated or Qualifed	
				12/13/1991	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0301319	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	, , , , , , , , , , , , , , , , , , , 	27	.*	The second secon	Fee Required
City & State	e *	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Oto	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29 3	¬ ·	This corporation owes the current year in Personal Property Tax.	ntangible
24	9. Name and Address of Curre			10. Name and Address of New Registere	
	o. Hame and Address of Confe	Mr Kadiororga yagani	81 Name		
HALL	.er, roy d.		00	ess (P.O. Box Number is Not Acceptable)	
16601 OLD US HWY 41		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
FT M	IYERS FL 33912		83		
	•		84 City		85 Zip Code
			1 1 1	F	L \
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab- office or registered agent, or both, in the State of Florida. Such change was authorized. 			the above-named corp	oration submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut lations of, Section 607.0505, Florid	norized by the corporational statutes.	on a board of directors, i hereby accept the app	Miniment as registered
SIGNATURE		•			
SIGNATORE	Signature, typed or printed name of registered ag		egistered Agent signature require		AND DIDECTORS IN 12
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	D TOURISTON THEODODE	. DECETE	1.1 TITLE	•	
NAME	JOHNSTON, THEODORE	,	1.2 NAME		ļ
STREET ADDRESS	16601 OLD US HWY 41		1.3 STREET ADDRESS		ļ
CITY:ST-ZIP	FT MYERS FL	☐ DELETE	1.4 CITY-ST-ZIP	STO	Change Addition
	D Haller, Roy D.		2.2 NAME	3	~ ·
NAME STREET ADDRESS	16601 OLD US HWY 41		2.3 STREET ADDRESS		·
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	* * * * * * * * * *	
TITLE	TIMILIOIL	☐ DELETE	3.1 TITLE		Change Addition
NAME					
STREET ADORESS	•		3.2 NAME		
CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS		
TITLE				· · · · · · · · · · · · · · · · · · ·	·
'''Œ			3.3 STREET ADDRESS	·	Change Addition
NAME			3.3 STREET ADDRESS 3.4. GITY-ST-ZIP	`	☐ Change ☐ Addition
			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	·	☐ Change ☐ Addition
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NAME STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition ☐ Change ☐ 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 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.

SIGNATURE: