## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION: ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 3/11060

	1999	DIVISION OF CORPORATIONS			Secretary of State		
1. Corporatio		)			01-22-1999 9006	53 026 ***150.	.00
B & D (	CONSTRUCTION, INC.				1		
Principal Plac	ce of Business	Mailing Address			4 INDRI NIKONI (1883 IIAIN BANKA ALIIN KA	ri ololi eseri ololi ololi	ALDIŞ BEBLI IADI
826 E WASHINGOTN AVE P. O. BOX 1443					*. Šv	in the state of	
EUSTIS FL 32726 EUSTIS FL 32727					DO NOT WRITE IN	N THIS SOASE	
US	•	US			3. Date Incorporated or Qualifed	THIS SPACE	
	• .				01/30/1992		
	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
21 26					59-3105530		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, e					5. Certificate of Status Desired	,	Additional equired
22   27   City & State   City & State					C. Floating Compaign Singaring		<del></del>
23	_ '				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Zip				<del>y</del>	8. This corporation owes the current y		
24 25 29 3			0		Personal Property Tax.	Yes	Mo
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regis	stered Agent	
RI A	NCHARD, CLAYTON H. JR	•	81	Name		•	
35 E PINEHURST BLVD			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	TIS FL 32726		83		3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	-1-4	- 150 3 to
, , , ,	•			1	The state of the s		
A Committee of the comm			84	City		FI 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	the abov	/e-named co	rporation submits this statement for the purp	ose of changing its	registered
office or a	registered agent, or both, in the State	of Florida. Such change was autations of Section 607.0505. Florid	horized by la Statute:	/ the corpora s.	tion's board of directors. I hereby accept the	appointment as re	gistered
SIGNATURE	•						
	Signature, typed or printed name of registered age			nt signature requi		ATE	
12.	OFFICERS AI	ND DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12  Addition
NAME	WIGHTMAN, BRADLEY R.		1.2 NAME		• •	Change	
STREET ADDRESS	and a large frameworks and		1.3 STREET ADDRESS				
CITY-ST-ZIP	EUSTIS FL		1.4 CITY-ST-ZIP				
TITLE	ST	☐ DELETE .	2.1 TITLE			☐ Change	Addition
NAME	WIGHTMAN, PATRICIA L.		2.2 NAME				
STREET ADDRESS	7-7-		2.3 STREET ADDRESS				
CITY-ST-ZIP	EUSTIS FL	·	2. 4 CITY-ST-ZIP				
TITLE A SUM	Taran Barrio	☐ DELETE	3.1 TITLE			Change	Addition
NAME (4	WIGHTMAN, PATRICIA L.		3.2 NAME	TARRESO			
STREET ADDRESS CITY-ST-ZIP	P. O. BOX 1443 N/A EUSTIS FL		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				
TITLE	LOGINOTE	☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME		•		$\overline{A}$
STREET ADORESS			4.3 STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP			4.4 CITY-S	T- ZIP		<del>-</del>	
ΤΠ̈LΕ		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	•		5.2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	T-ZIP		☐ Change	Addition
TITLE NAME		□ verei¢	6.2 NAME	-		Change	· Maninou
+ 4* U11L				1			

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 of Block, 13 if-chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

CR2E034 (11/98)