## FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# V44158 1. Corporation Name

PREMIER CONSTRUCTION & REMODELING INC.

**FILED** Feb 02, 1999 8:00am **Secretary of State** 

02-02-1999 90023 041 \*\*\*150.00



2. Mailing Address 26 27 28 3uite, Apt. #, etc. 27 City & State City & State City & State 28 29 City & State 29 29 30 Country 20 29 30 8. This corporation owes the current year Intancible Personal Property Tax.  9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  6. Election Campaign Financing Address Trust Fund Contribution Address 30 30 30 30 30 30 30 30 30 30 30 30 30	Applied For Not Applicable Additional Required May Be d to Fees No
Suite, Apt. #, etc.  Sortificate of Status Desired   \$8.75 fee    City & State   City & State   City & State   City & State   Trust Fund Contribution   Adder    Zip	Additional Required  May Be d to Fees  No
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Soite, Apt. #, etc.	May Be d to Fees No
City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation owes the current year Intangible Personal Property Tax.   Yes  9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  81 Name  GANGI, JOHN W.  B2 Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Z  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent and the familiar with and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent and the familiar with and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing	No No
Zip Country Zip Country Zip Country Personal Property Tax. Yes Personal Property Tax. Yes Personal Property Tax. Yes Personal Property Tax. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of Now Registered Agent 181 Name  GANGI, JOHN W.	p Code
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  1802 SW BAYSHORE BLVD. PORT ST. LUCIE Ft 34984  84 City  FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with; and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. In the state of printed name of registered agent and little if applicable.  NAME  GANGI, JOHN W.  1802 SW BAYSHORE BLVD.  CITY-ST-ZIP  DELETE  1.1 ITILE  D  CART	p Code
GANGI, JOHN W  R802 SW BAYSHORE BLVD. PORT ST. LUCIE FL 34984  83 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY. ST. ZIP  DORT ST. LUCIE FL 34984  15. TITLE  D  AMME  STREET ADDRESS  CITYST. ZIP  PORT ST. LUCIE FL 34984  DELETE  STREET ADDRESS  LOCATION ST. LUCIE FL 34984  DELETE  CHART  Char  Cha	
Street Address (P.O. Box Number is Not Acceptable)   1802 SW BAYSHORE BLVD.   83   84   City   83	
PORT ST. LUCIE FL 34984  83  84 City  FL  85 Z  11. Pursuant to the provisions of Sections 607,0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  PORT ST. LUCIE FL 34984  DELETE  1.1 TITLE  Chan  TITLE  D  CHANGE  SPENSCHIED, FRED  1802 SW BAYSHORE BLVD.  2.2 NAME  STREET ADDRESS  1802 SW BAYSHORE BLVD.  2.3 STREET ADDRESS  CITY-ST-ZIP  PORT ST. LUCIE FL 34984  DELETE  3.1 TITLE  Chan	
## City ## Land  ## City ## Land  ## City ## Land  ## City ## Land  ## Land	
### City   FL	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.1 TITLE   Chan   Cha	ito registered
12. OFFICERS AND DIRECTORS  TITLE  NAME  GANGI, JOHN W.  STREET ADDRESS  CITY-ST-ZIP  NAME  ESPENSCHIED, FRED  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  ESPENSCHIED, FRED  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  21 TITLE  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  CHART  C	
DELETE	TORS IN 12
NAME   GANGI, JOHN W.   12 NAME   13 STREET ADDRESS   1802 SW BAYSHORE BLVD.   PORT ST. LUCIE FL 34984   1.4 CITY-ST-ZIP     Chan   TITLE   D   DELETE   22 NAME   23 STREET ADDRESS   TREET ADDRESS   TREET ADDRESS   TREET ADDRESS   CITY-ST-ZIP   DELETE   2.1 TITLE   Chan	ge 🗀 Addition
STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34984  TITLE D STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  DELETE 2.1 TITLE 2.2 NAME 2.2 NAME STREET ADDRESS 1802 SW BAYSHORE BLVD. PORT ST. LUCIE FL 34984  DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Char	Ì
1.4 CITY-ST-ZIP	}
DELETE   DELETE   Chan   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELE	
NAME ESPENSCHIED, FRED 22 NAME STREET ADDRESS 1802 SW BAYSHORE BLVD. 2.3 STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE FL 34984 2.1 TILE 2.1 T	ge 🔲 Addition
STREET ADDRESS 1802 SW BAYSHORE BLVD.  CITY-ST-ZIP PORT ST. LUCIE FL 34984  DELETE 31 TITLE  Char	ļ
CITY-ST-ZIP PORT ST. LUCIE FL 34984	
	ge Addition
THE TOTAL CONTRACTOR OF THE PROPERTY OF THE PR	
NAME STATE ADDRESS 3.3 STREET ADDRESS 5.4 STATE	ST NOT FINE GIA
SIREEI ADDITION CONTINUE TO THE TENT OF T	記憶的 動物
CITY-ST-ZIP 1	ge Kill Addition
TITLE 4.2 NAME	
NAME STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP CANCEL CANC	
□ DELETE 5.1 πTLE	nge DAddition
NAME 52.NAME	nge Addition
5.3 STREET ADDRESS	nge Addition
■ 5.4 CITY-ST-ZIP	nge Addition
CITY-ST-ZIP DELETE 6.1 TITLE Character SEXTER 1.5	
1997 CM (25 N CO C C C C C C C C C C C C C C C C C	
TRANSE TO THE SECOND STORE OF THE SECOND STORE STORE OF THE SECOND	
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 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: