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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # V73308**

1. Corporation Name

LOPEZ CONSTRUCTION, INC.

FILED
Apr 23, 1999 8:00 am
Secretary of State
04.32.1000.00102.011.***150.00

04-23-1999 90193 011 \*\*\*150.00

	CONSTRUCTION, INC.				
'	ce of Business	Mailing Address			
20343 SW-155TH-PLACE LEISURE CITY FL 33033 LEISURE CITY FL 33033				DO NOT WRITE IN 1 3. Date incorporated or Qualifed	HIS SPACE
2. Principal P	Place of Business	2a. Mailing Address		10/21/1992 4. FEI Number 65-0367856	Applied For Not Applicable
Suite, Apt.	- 13th 1 4"	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Country	City & State	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25  9. Name and Address of Curre	29	30	This corporation owes the current year Personal Property Tax.      Name and Address of New Register	☐ Yes ☐ No
ļ	o, many and Addison of Galler		81 Name	10, 114min and Cadicas of Heat Vehiste	ion rigorit
3034	EZ, JESUS 43 SW 155TH PLACE SURE CITY FL 33033		L	dress (P.O. Box Number is Not Acceptable)	
	سي د د د د د د د		84 City		85 Zip Code
	<del></del>				<del></del>
í office or≀	registered agent, or both, in the State im familiar with, and accept the obliga	e of Florida. Such change was au ations of, Section 607.0505, Flori	athorized by the corporation of	rporation submits this statement for the purposition's board of directors. I hereby accept the ap	opointment as registered
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #