## 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 # V73973**

TED WOLFF II BUILDING AND REMODELING CONTRACTORS

CITY-ST-ZIP

Principal Place of Business

Mailing Address

## FILED Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90063 024 \*\*\*150.00



3048 GYPSY ST 3048 GYPSY ST SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualifed 10/23/1992 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 10832 FORESTROW DR. 65-0366840 10832 FOREST K Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible MANATEE JNo Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DESJARLAIS, MARY LYNN Street Address (P.O. Box Number is Not Acceptable) 82 8075 SO. BENEVA RD., STE. 6 SARASOTA FL 34238 83 Zip Code 85 84 City 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 its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE WOLFF, TED, SR. 1.2 NAME 10832 FOREST ROW NAME 3048 GYPSY ST 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL BRADENTON, 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 51TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 of 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

6.4 CITY-ST-ZIP

SIGNATURE