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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 346696

MONTY PAVING, INC.

	,
Principal Place of Business	Mailing Address
5545 SHIRLEY STREET NAPLES FL 34109 US	5545 SHIRLEY STREET NAPLES FL 33942

FILED Jan 21, 1999 8:00am **Secretary of State**

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5545 SHIRLEY		5545 SHIRLEY STREET			* *		
NAPLES FL 341	109	NAPLES FL 33942					
US	•				DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
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					05/22/1969		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
		26			59-1173827	Not	Applicable
21					39-11/302/		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Rec	quired
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		-City a State ~			6. Election Campaign Financing	\$5.00™	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Count	rv	8. This corporation owes the current year Inta	ngible	
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24	25	[29]	30		Toronar Troporty Tax		140
	9. Name and Address of Curre	nt Registered Agent			Name and Address of New Registered A	Agent	
	- 3 - 142 - 273 - 27	}	8	1 Name			
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	ITGOMERY, MARVIN		9	2 Street	Address (P.O. Box Number is Not Acceptable)		
5545	SISHIRLEY STREET		"	30000	. Address (F.O. Box Hamber is Not Acceptable)		
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NAP	LEO FL 33940		*	3	· · · · · · · · · · · · · · · · · · ·	副额线系统	
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	9 -		8	4 City	F-1	85 Zip C	ode "'''
	$\omega = \delta z'$				FL		
11 Durgiant	to the provisions of Sections 607 050	02 and 607 1508 Florida Statut	es the abo	ve-named	corporation submits this statement for the purpose of o	chanoino its r	egistered
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized t	y the corp	d corporation submits this statement for the purpose of corporation's board of directors. I hereby accept the appoin	itment as reg	istered
agent. La	m familiar with, and accept the obliga	ations of Section 607.0505. Flo	Lida Ctatus	<u>'</u>		_	
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- ,	initialisma with the accept the obliga	,	riua Statuti	9S.			
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	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered A		required when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered age				required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	
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12.	Signature, typed or printed name of registered age OFFICERS At	ent and title if applicable. (NOTE	13.	ent signature			
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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.

6.4 CITY+ST-ZIP