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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 823871 1. Corporation Name STATE PAVING CORPORATION

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Principal Plac	ce of Business	Mailing Address			T 1889 OF HOSTON FORD STREET FRESH SODOS	SIGN DIBIN DIBIN BYDIS BYDI	I BIBII BIBII IBBI
1295 N 21 AV		1295 N 21 AVE					
HOLLYWOOD		HOLLYWOOD FL 33020				•	
US		US	•		DO NOT WRITE	IN THIS SPACE	
	N. S.	,			3. Date Incorporated or Qualifed		
	4.50	•			12/23/1969		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			23-1635137	N	lot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	. Fee R	Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current	t year Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	jistered Agent	
ELV	INC LIEDDEDT, I	,	-	81 Name	•	•	
	INS, HERBERT J.		h	82 Street Ad	Idress (P.O. Box Number is Not Acceptable	a)	
	a over the cooks		[ou com	ACCUSE OF THE PROPERTY OF THE	og. Tanan ang akh • ang banb	
HOL	LLYWOOD FL 33021		1	83			(開降) 划
	State of the			24 00		1 1 1 1 1 1 1	7 34 13
			[1	B4 City	•	FI 85 Zip	Còde "
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the abo	ove-named co	rporation submits this statement for the pu	rpose of changing its	s registered
	registered agent, or both, in the State am familiar with, and accept the oblig				ition's board of directors. I hereby accept the	he appointment as re	egistered
ayen. 1 a	ini ianiliai with, and accept the cong	and is or, deciron our losos, i	iviiva Statut				
SIGNATURE	Signature, typed or printed name of registered ag				ired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NO	TE: Registered A		ired when reinstating) ADDITIONS/CHANGES TO OFFIC		ORS IN 12
	Signature, typed or printed name of registered ag-			gent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE		ORS IN 12
SIGNATURE	Signature, typed or printed name of registered age) OFFICERS A	ent and title if applicable. (NO	TE: Registered A	gent signature requi	· · · · · · · · · · · · · · · · · · ·	ERS AND DIRECT	
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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 reobject 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

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90010 021 ***150.00