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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(6)

1.	GARY I		LL GRADING AND I	AVIN	IG, INC.							
Pr	incipal Place	of Busines	22	М	lailing Address					1 1861199 (191 Bigi) immel (Rill 16918 (191 Bibli)	18)) BIBII BIAN An	
% HARRY N MITCHELL 103 N GADSDEN STREET TALLAHASSEE FL 32301-1507				% HARRY H MITCHELL 103 N GADSDEN STREET TALLAHASSEE FL 32301-1507						DO NOT WRITE IN THIS SPACE		
										3. Date Incorporated or Qualified 12/09/1981		
2.	Principal Pl	ace of Busi	iness	20	. Mailing Address					4. FEI Number	- A	pplied For
21	<u> </u>			26						59-2146272	N	lot Applicable
	Suite, Apt. #, etc.			$^{-}$ $\Box$	Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22	City & State			City & State						lequired		
23	Chy & Sigle			28	28					6. Election Campaign Financing Trust Fund Contribution		May Be
1	Zip	ip Country			Zip Count			y		8. This corporation owes or has paid the o		
24			25	29		30				Personal Property Tax due June 30.	_ Yes 🦎	No
_			e and Address of Curren	t Regii	stered Agent					10. Name and Address of New Registers	d Agent	
		TCHELL, H					81	l Na	me			]
103 N GADSDEN STREET TALLAHASSEE FL 32302							82	Str	eet Addre	ss (P.O. Box Number is Not Acceptable)	<del></del>	<del></del>
	IA	LLAMASSE	EE FL 32302				83	<del>. </del>				
							84	City	У	F	85 Zip	Code
11	Pursuant I	lo the provis	sions of Sections 607,050	2 and €	507 1508, Florida Stat	tutes, the	abovi	.L /e-nan	ned corpo			its registered
	office or re agent. I as	agistered aç m familiar w	gent, or both, in the State with, and accept the obliga	of Flori ations c	ida. Such change was of, Section 607.0505, l	s authori Florida \$	ized by Statutes	y the e	corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the a	opointment as	s registered
	GNATURE				,	* * = -		•				
		Signature, types	d or printed name of registered age					jent sign	ature required	d when reinstating) DATE		
12		PD	OFFICERS ANI	) DIRE	CTORS DELETE	_	.1 TITLE		<del>- 1</del>	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
	ME I		ELL, GARY M		Li betti		.1 IIILE 2 NAME		1		⊟ வளர்	L. Austria
	REET ADORESS		ASSWADE DR				.3 STREET		:ec			
	TY-ST-ZIP		HASSEE FL				.4 CITY-S					
	'uE	STD			☐ DELETE		1 TITLE		1		Change	Addition
N/A	IME .		ELL, PENNY BOWLEY			2	.2 NAME					
ST	REET ADDRESS		LASSWADE DR			2	.3 STREET	T ADDRE	ess	9		
_	TY-ST-ZIP	TALLAI	HASSEE FL		DELETE.		4 CITY-					r**1
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	ME	ı			_	1	2 NAME					
	REET ADDRESS					1	3 STREET		ss l			
	TY-ST-ZIP						.4 CITY-S		1			
TIT	'LE				☐ DELETE	5.	.1 TITLE				☐ Change	Addition
	ME						.2 NAME					
i	REET ADDRESS						.3 STREET		ESS			
	TY-ST-ZIP			~	DELETE		4 CITY-S	ST-ZIP			Change	☐ Addition
TIT	ME				L DICCIE		.1 TITLE .2 NAME				Change	LT ADDITION
	REET ADDRESS						2 NAME 3 STREET		ee			
	TY-ST-ZIP						4 CITY-S		~~~			
	. I hereby c	ertify that th	he information supplied w	th this	filing does not qualify	v for the	exemp	ption s	stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the	e information
	officer or o	director of the	iual report or supplementa the corporation or the rece i if changed, or on an attai	eiver or	r trustee empowered t	iccurate to execu	and that	repor	r signature rt as requi	e shall have the same legal effect as if made ired by Chapter 607, Florida Statutes; and the	under oath; th it my name ar	iat I am an opears in

**FILED** 

Apr 13 1998 8:00am

Secretary of State