

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

07-23-1999 90001 050 \*\*\*158.75

**DOCUMENT # G89501**

1. Corporation Name

**STEVE'S EXCAVATING AND PAVING, INC.**



Principal Place of Business

% STEVEN SARNAGO  
1741 NORTH KEENE ROAD  
CLEARWATER FL 33755  
US

Mailing Address

% STEVEN SARNAGO  
1741 NORTH KEENE ROAD  
CLEARWATER FL 33755  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/06/1984**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-2425029**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**SARNAGO, CATHY**  
**1741 NORTH KEENE ROAD**  
**CLEARWATER FL 33755**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	<b>SARNAGO, CATHY</b>	
STREET ADDRESS	<b>1741 NORTH KEENE ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	<b>SARNAGO, STEVE</b>	
STREET ADDRESS	<b>1741 NORTH KEENE ROAD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SAR SARNAGO**  
**7/19/99**

**(727) 446-3485**

CR2E034 (5/99)

0091555

34444-40001-50  
689501  
*Steve's Excavating & Paving Inc.*

P.O. Box 303  
Dunedin, Florida 34697  
(727) 446-3485  
FAX (727) 442-4719

July 19, 1999

Mr. Lee Yarbrough  
Annual Reports Filing  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 322314

RE: 1999 Corporation Annual Report Filing

Dear Lee:

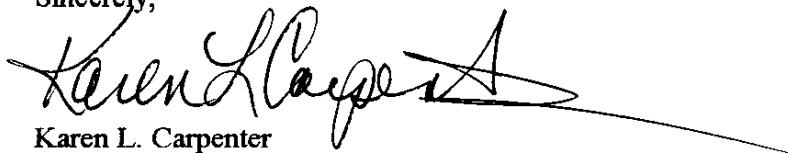
Thank you for your time and assistance in this matter. As I stated we have previously mailed in our check and application in April 1999 and did not realize that it had not been received until we received this second notice.

As suggested by you, I am enclosing a check for the \$150 filing fee and also \$8.75 additional for a Certificate of Status.

If you would be so kind as to assure this filing application and check are properly processed, I would greatly appreciate it.

Again, thanks for your time and courtesy.

Sincerely,

  
Karen L. Carpenter  
Office Manager