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Jan 25, 1999 8:00am  
Secretary of State

01-25-1999 90062 016 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # J02403

1. Corporation Name

TOMMY HAWKINS & SONS, INC. PAVING CONTRACTORS

Principal Place of Business

TOMMY HAWKINS & SONS  
909 BARREL AVE  
FT. PIERCE FL 34982  
US

Mailing Address

% TOMMY HAWKINS  
909 BARREL AVE  
FT. PIERCE FL 34982  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1986

4. FEI Number

59-2648425

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 Tax.

Yes No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

HAWKINS, TOMMY  
4665 SOUTH 25TH ST.  
FT. PIERCE FL 33450

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 P  
NAME HAWKINS, TOMMY  
STREET ADDRESS 4665 S 25TH ST.  
CITY-ST-ZIP FT PIERCE FL

TITLE ST  
NAME HAWKINS, ROSALIE  
STREET ADDRESS 4665 S 25TH ST  
CITY-ST-ZIP FT PIERCE FL

TITLE V  
NAME BUCHMEYER, STEVEN M.  
STREET ADDRESS 20908 GLADES CUT OFF  
CITY-ST-ZIP FT PIERCE FL

TITLE V  
NAME BUCHMEYER, RONALD J.  
STREET ADDRESS 20910 GLADES CUT OFF  
CITY-ST-ZIP FT PIERCE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

Tommy Hawkins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-99 561447687

CR2E034 (1/98)