**PROFIT** CORPORATION ANNUAL REPORT

1999

**DOCUMENT #** 

1. Corporation Name



J21511

FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

## May 06, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

05-06-1999 90190 002 \*\*\*150.00

RON'S	Trucking & Excavating,	, INC.			
Principal Plac	e of Business	Mailing Address			I 1801110 6110 11894 11891 BINDI 11891 1191 01914 01811 01914 01914 01811 01917 1001
% RONALD CICCIARO 4038 N.W. 73RD WAY 4038 N.W. 73RD WAY					DO MOT MENTS IN THIS COACE
CORAL SPGS FL 33065 CORAL SPGS FL 33065					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 06/26/1986
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					59-2709156 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 3	Country	i	8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Currer		<del></del>		10. Name and Address of New Registered Agent
	3.		81	Name	
CICCIARO, SHIRLEY 4038 N.W. 73RD WAY CORAL SPGS FL 33065			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
			02 Street Ad		adiess (1.0. box Number to Not Acceptable)
			83		
			84	City	FL 85 Zip Code
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligation of the state	of Florida. Such change was aut ations of, Section 607.0505, Florid	horized by la Statutes	the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when reinstating)
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CICCIARO, RONALD		1.2 NAME		
STREET ADDRESS	4038 N.W. 73RD WAY		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY+ST-ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CICCIARO, SHIRLEY A.		2.2 NAME	)	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	☐ DELETE	2. 4 CITY-5	ST-ZIP	☐ Change ☐ Addition
TITLE	{	□ beceie	3.1 TITLE	-	
NAME			3.2 NAME	7.4000000	
STREET ADDRESS			3.4. CITY-5	T ADDRESS	•
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	-	☐ Change ☐ Addition
NAME			4, 2 NAME	}	
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	IT-ZIP	
TITLE	***************************************	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		□ DELETE	5.4 CITY-S 6.1 TITLE	T-ZIP	☐ Change ☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADORESS