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 #

J55909

GEOGRADING CONSTRUCTION COMPANY, INCORPORATED

FILED Apr 27 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			T FOULDING BIRE BUILDI BUILFO INFIL DOLL	0 1011 3 1811 3 10	JI DŽOJI BIBIJ DIE	HE DIDE FOOL
8602 A.D. MI	IMS_RD.	PO BOX 580953						
ORLANDO FL 32818 ORLANDO FL 32858					DO NOT WRI	TE IN THIS	SPACE	
US					3. Date Incorporated or Qualified			
	A.D. Mims Rd.		0953		02/03/1987			
2. Principal Pl	lace of Business	2a. Mailing Address	- 10 -		4. FEI Number		Ar	pplied For
21 8602	L A.D. Mims a	d, 26			59-2832541		No	ot Applicable
Suite, Apt. #, etc. Suitc, Apt. #, etc. 22 Number 27								5 Additional Required
City & State 23 O H Ondo H S hi dA 28					6. Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes or has			
24 82 8 18 25 0 range 29 30					Personal Property Tax due Ju			
·	g. Name and Address of Curr	ent Registered Agent	81 1		10. Name and Address of New	Hegisterea	Agent	
	ANGER, NOEL OLIVER		81 6	lame				
8602 A.D. MIMS RD			82 8	treet Addre	ess (P.O. Box Number is Not Accep	table)		
OF	RLANDO FL 32818		83					
			ادا					
			84 (ity		FL	85 Zip	Code
44 0	42 the manualisms of Continue 607 0	EGO and GGZ 1509 Florida Statut	no the above p	amod corn	oration submits this statement for th		-	te registered
office or re	registered agent, or both, in the Sta im familiar with, and accept the ob	ate of Horida. Such change was a	authorized by th	e corporati	on's board of directors. I hereby acc	cept the ap	ointment as	regištered
SIGNATURE	Signature, typed or pointed name of registered	aneut and title if applicable // NOTE	E Registered Agent s	gnature require	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	3S IN 12
TITLE	DP	☐ DELETE	1.1 TITLE				Change	Addition
NAME	RANGER, NOEL OLIVER		1.2 NAME					
STREET ADDRESS	8602 A.C. MIMS RD.		1.3 STREET ADI	RESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP					
TITLE	ST	☐ DELETE	21 TITLE	ļ			L Change	☐ Addition
NAME	RANGER, NOEL OLIVER		22 NAME					
STREET ADDRESS	8602 A.D. MIMS RD.		2.8 STREET ADI	PRESS				
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-	110				
TITLE		☐ DELETE	3.1 TITLE				L. Change	∐ Addilion
NAME			3 2 NAME			•		
STREET ADDRESS			3.3 STREET AD	PRESS				
CITY-ST-ZIP			3.4. CITY-ST-	IP			Channe	Addition
TITLE		☐ DELETE	4.1 TITLE				L Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET AD	ĺ				
CITY-ST-ZIP								
		- North	4.4 CITY-ST-Z	IP		····	Change	Addition
TITLE		DELETE	5.1 TITLE	IP			Change	☐ Addition
NAME		☐ DELEŤE	5.1 TITLE 5.2 NAME		1		Change	☐ Addition
NAME Street address		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET AD	DRESS			Change	☐ Addition
NAME Street Address City-St-Zip	,		5.1 TITLE 5.2 NAME 5.3 STREET AD 5.4 CITY-ST-2	DRESS				
NAME Street Address City-St-Zip Title		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET AD 5.4 CITY-ST-Z 6.1 TITLE	DRESS			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.1 TITLE 5.2 NAME 5.3 STREET AD 5.4 CITY- ST- 2 6.1 TITLE 6.2 NAME	DRESS IP				
NAME Street Address City-St-Zip Title			5.1 TITLE 5.2 NAME 5.3 STREET AD 5.4 CITY-ST-Z 6.1 TITLE	ORESS ORESS				

indicated on this annual report or supplied will find find 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 attact ment with an address.