

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # J64899

1. Corporation Name
D AND G ROAD MILLING, INC.

Principal Place of Business
**15900 SW 51ST MANOR
FT LAUDERDALE FL 33331
US**

Mailing Address
**15900 SW 51 MANOR
FT LAUDERDALE FL 33331
US**

99 FEB - 8 11:10:59
SECRETARY OF STATE
TALLAHASSEE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	04/01/1987
4. FEI Number	59-2801637
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PRIVETT, GILDA
8531 NW 28TH STREET
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 Gilda Privett - Gilda Privett
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

2-5-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PRIVETT, GILDA	
STREET ADDRESS	8531 N.W. 28TH ST	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	PRIVETT, KENNETH J.	
STREET ADDRESS	8531 N.W. 28TH ST	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PRIVETT, KENNETH J JR	
STREET ADDRESS	8531 N.W. 28TH ST.	
CITY-ST-ZIP	SUNRISE FL 33322	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRIVETT, GILDA	
1.3 STREET ADDRESS	15900 S.W. 51ST MANOR	
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRIVETT, KENNETH J	
2.3 STREET ADDRESS	15900 S.W. 51ST MANOR	
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33331	
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		

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2-5-99

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: Gilda Privett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99
Date

754-680-8261
Daytime Phone #

CR2E034 (1/98)