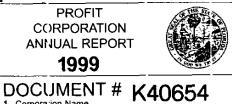
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

B & G POOL EXCAVATING SERVICES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90006 024 \*\*\*300.00

						}				
Principal Place	of Business	Mailing Address			·	-	fallatit am andm dates duer t		**** ***** ***** **	111 4191) 1081
1212 ENTERPRIS	SE DR	1212 ENTERPRISE DR	1212 ENTERPRISE DR							
UNIT 5A-E		UNIT 5A-E				DO NOT WOITE IN THE SPACE				
PT CHARLOTTE FL 33953		PT CHARLOTTE FL 33953					DO NOT WRITE IN THIS SPACE			
						1	r corporated or Qualifed			
<u></u>							7/1988		11.	·
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number				App ied For	
		26					0 <u>77075</u>			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>			5. Certificate of Status Desire			<b>\$8.75</b> A Fee Rec	
22		Oitu & Ctata	City & State							
City & State		28	<b>⊢</b> '				on Campaign Financing Fund Contribution		\$5.00 to Added to	
Zip	Country	Zip	Zip Cou			8. This o	8. This corporation owes the current year Intangible			
24	25	29	30				Personal Property Tax.			
,	9. Name and Address of Curre	ent Registered Agent				10. Name	and Address of New	Registere ±	Agent	
					Name					
	INGWOOD, BEVERLY E.					Address (P.O. Bo	x Number is Not Accep	table)		
	ENTERPRISE DR 5A-E HARLOTTE FL 33953			02						
FIL	HANLOTTE FL 33933			83						
				84	,			FL	85 Zip C	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Staten familiar with, and accept the oblig	a uthorize	C DV	the corpor	co poration submration's board of	its this statement for the directors. I hereby acce	e purpose of ept the app >	changing its ntment as reg	registered gistered	
agent. i ar	m familiar with, and accept the oblig	Ballishs of, Section 607.0303, F1	it ilua Stai	iulos	•					
SIGNATURE	Slonature, typed or printed nar ie of registered ag	ent and title if applicable (NOT	TF · Registere	d Ager	it signature rec	qu red when reinstating	1)	DATE		
12.		NE DIRECTORS	13.				IC NS/CHANGES TO O	FFICERS / J	ND DIRECTO	FS IN 12
TITLE	D	☐ DELETE	1,1 7	TLE			-		☐ Change	☐ Addition
NAME	COLLINGWOOD, BEVERLY E.		12 N		l					
	5150 JUNGLE PLUM RD	,			ADDDESS					
STREET ADDRESS				1.3 STREET ADDRESS						ł
CITY-ST-ZIP	SARASOTA FL	PASOTA FL DELETE		1.4 CITY-ST-ZIP					Change	Addition
TITLE					ļ					_ (
NAME			2.2 NAM							
STREET ADDRESS			•		TADDRESS					
CITY-ST-ZIP					2.4 CITY-ST-ZIP 3.1 TITLE				☐ Change	Addition
TITLE		☐ DELETE	_		[				CT cylande	, .30110.1
NAME			3.2 N							
STREET ADDRESS					ADDRESS					!
CITY-ST-ZIP					T- ZIP				C76	FT Addition
TITLE		☐ DELETE	LETE 4.1 TIT		<u> </u>				Change	Addition
NAME	4.		4.21	4. 2 NAME						
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CITY-ST-ZIP	4.4		4.4 0	my-s	T-ZIP					
TITLE	☐ DELETE		5.1 T	5.1 TITLE					Change	☐ Addition
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STREET ADDRESS			5.3 \$	TREE	TADDRESS					
CITY-ST-ZIP			5.4 0	ITY-S	T-ZIP					
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NAME			6.2 N	IAME						ļ
i l					T ADDRESS					
STREET ADDRESS										

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 or rify 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 at other like empowered.

SIGNATURE: