Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90009 036 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K88159

 Corporation 	Name				1		
BOYNTO	N SAND & GRAVEL, INC.						
	•						
	•						
Principal Place of Business Mailing Address						, 1,1,1, 1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	
7955 STATE RD 7 7955 STATE RD 7							
LAKE WORTH FL 33467 LAKE WORTH FL 33467					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	•				05/15/1989		}
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21	,	26			65-0121626	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22 27					5. Certifcate of Status Desired	Fee Rec	quired
City & State	e ,	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25		<u>o' </u>		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	81	Nama	10. Name and Address of New Registers	a Agent	\longrightarrow
1A/A1	KED IUHN I		81	Name			
Walker, John J 7955 State Road 7			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
LAKE WORTH 33464			83				$\overline{}$
			63				
			84	City	· F	85 Zip C	ode
		2 - 1 007 4500 Flaids Chabits	the obou		aration submits this statement for the number	of changing its	registered
11. Pursuant office or n	to the provisions of Sections 607.050 egistereDagent_or both, in the State	2 and 607.1508, Florida Statutes of Florida, Such change was aut	horized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as rec	jistered
agent. I a	m familiar with, and accept the obliga	tions of Section 607.0505, Florid	la Statutes	•	./.	lenlan	
SIGNATURE	< ahm S/W	aver	a sisterand Appe	nt signature required	d when reinstating) DATE	13/99_	
12.	Signature, wheel is printed name of egistered age	ID DIRECTORS	13.	it agridure required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	/	☐ DELETE 1.1 T				☐ Change	☐ Addition
NAME	JOHN WALKER, SR. 14		1.2 NAME				
STREET ADDRESS			1.3 STREET	TADDRESS)
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-S	T-ZIP			
TILE			2.1 TITLE			Change	☐ Addition
NAME	HELEN P. WALKER		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			}
CITY-ST-ZIP			2.4 CITY-S	ST- ZIP			
TITLE	S DELETE 3.1		3.1 TITLE	- 1		☐ Change	Addition \
NAME	NICOLE F. QUESNEL		3.2 NAME				
STREET ADDRESS	7955 STATE RD 7		3.3 STREE	TADORESS			
CITY-ST-ZIP	LAKE WORTH FL		3,4, CITY-5	ST-ZIP			T Addition
TITLE .			4.1 TITLE	ĺ		☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	iT-ZiP			Addition
TITLE			5.1 TITLE		•	Change	Addison
NAME	•		5.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP	J1-ZIP		5.4 CITY - S 6.1 TITLE	11-ZIP		Change	Addition
TITLE		☐ DELETE	6.1 HILE			□ cuange	
RIALAC	1		D.Z PAWE				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

*zienizube rec*uired TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 964-8900.