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

Mailing Address

135 TIMBER LANE

JUPITER FL 33458

CRUSHER CONTRACTORS, INC.

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

135 TIMBER LANE

JUPITER FL 33458

CRUSHER CONTRACTORS. INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

CRUSHER CONTRACTORS, INC.

4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0158218 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 TAMONEY, BRIAN C. Street Address (P.O. Box Number is Not Acceptable) 2200 N. FEDERAL HWY. #228 SUITE 228 83 **BOCA RATON FL 33431** 84 City 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** Signature, typed or printed name of registered agent and title if applicable CR2E034:(11/98) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ DELETE 1.1 TITLE 7ITZ F NAME BOEGLIN, SCOTT D. 1.2 NAME 135 TIMBERLANE STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE SMITH, BRIAN P. 2.2 NAME NAME 135 TIMBERLANE 2.3 STREET ADDRESS STREET ADDRESS JUPITER FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 3.1 TITLE Change TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE · Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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:

FILED

Feb 13, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

12/04/1989

02-13-1999 90019 022 ***150.00