FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # PQ200011041 /1)

, Corporation Name	P 920000 194	いり

JEFF DUNN'S GRADING INC.

Principal Place of Business 10746 KASMIR COURT BOYNTON BEACH FL 33437 Mailing Address

10746 KASMIR COURT BOYNTON BEACH FL 33437



			US .				3. Date incorporated or Qualified	3a. Date	of Las	t Report	
							12/14/1992	05/	01/1	995	
2. Principal Pla	ace of Busin	ess	2a. Mailing Address				4. FEI Number	+ <u>-</u>	Ť	Applied For	
21 10			26				65-0377133			Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			75 Additional		
22 (0 74) Crtv & State	The state of the s							Fe	e Required		
23 Boys	LON S	Bill FL 28					6. Election Campaign Financing Trust Fund Contribution S Added to Fees				
^{Zip} 24 35 ५3		Country 7 (25) (1) (29) (30)					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name	and Address of Curi	rent Registered Agent				10. Name and Address of New R	egistered A	gent		
_					81	Name					
DUNN, JEFFREY J					82 Street Address (P.O. Box Number is Not Acceptable)						
	10746 KASMIR COURT BOYNTON BEACH FL 33437				83						
BOTHIO	IN DEACH	FL 33437									
					84	City		FI	85	Zip Code	
familiar wit	h, and acce	DOD, IT IT'S SKIE OF TH	ential Such change was autrection 607.0505, Florida Stat	nonzed by the course	огре	oration's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	oose of char intrnent as r	J.J. Iging it egister	s registered office ed agent. I am	
12.	organical Types		AND DIRECTORS	1901L Registered	Agend	! Signafon ne pa	ADDITIONS/CHANGES TO OFFI	DATE OF ANIEN E	SIDEO	LODG INLEG	
Trice	DP		☐ DELETE	1 : 11	7 i E		ADDITIONS CHANGES TO OFFI		Chang		
NAME	DUNN,	JEFFREY J		1.2 NA					One no	le 🗀 vogitan	
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NAME				2.2 NA	Mξ	-					
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CITY-ST-ZIP						ADDRESS					
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NAME				5.2 NA				LJ	บาร <u>า</u> ผู	c	
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CITY - ST - ZIP				5.4 CIT						ĺ	
TITLE			☐ DELETE	6 1 TiT				П	Chang	e Addition	
NAME				6.2 NAI	Μŧ				9		
STREET ADDRESS				63 STF	REFT A	ADDRESS					
CITY-ST-ZIP				6.4 CiT							
14. I do hereby	certify that	the information supplies	d with this filmous voluntarily.				for the exemption stated in Section 110.0	Z/OVIA Francis	1- 01-	7 7 7 6 11	

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 of 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 applicance.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25 - 516 407-737-4435