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

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90034 004 ***158.75

DOCUMENT # P9300006527

1. Corporation Name MYAKKA PAVING, INC.	0000021					
Principal Place of Business	Mailing Address			i 46114 61181 61119 11811 1441 1881		
909-C TAMIAMI TRAIL PORT CHARLOTTE FL 33953	P. O. BOX 380220 MURDOCK FL 33938-0220 US		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 01/27/1993			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26 510 Gene Green	_ Køl	65-0490757	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing _ Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 25	Zip Country	ISA	This corporation owes the current year In Personal Property Tax.	ntangible □ Yes □ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
HORAN, MICHAEL A	81	H	ORAN Michael ss (P.O. Box Number is Not Acceptable)	<u>A</u>		
MASTER PLAZA 909-C TAMIAMI TRAIL			Gene Green R	ol		
PORT CHARLOTTE FL	83	<u>'</u>	_			
	84	l 'No!	Komia Fi	_ <u> </u>		
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes, the above	e-named corpor	ration submits this statement for the purpose of heart of directors. I hereby accept the appropriate the appro	of changing its registered		

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation

agent. I ai	n familiar with, and accept the obligations of, Section	n 607.0505, Florida	a Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e (NOTE: Re	gistered Agent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	Addition	
NAME	JACOB, HERBERT H		1.2 NAME				
STREET ADDRESS	ONE AJAX DR., BOX 317		1.3 STREET ADDRESS				
CITY-ST-ZIP	MADISON HEIGHTS MI		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition)	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS			·	
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
C/TY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4 1 TITLE		Change	☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS			İ	
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE ,		☐ DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
NAME		!	6.2 NAME			{	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 ontrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR