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

**CORPORATION ANNUAL REPORT** 



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

1996

P94000045616 (7) **DOCUMENT #** Corporation Name

	TERPRISE'S GRADING CO	ONTRAC	CTOR, INC.								
Principal Place of Business		Ma	Mailing Address				ì	ı reanteatı şiri rülin Albit Mâlit Mâlit	ic Moisi Obski	Tidal Alkų pili	AT CHAID BILL TONE
4751 129TH AVE. NORTH ROYAL PALM BEACH FL 33411			4751 129TH AVE. NORTH ROYAL PALM BEACH FL 33411								
							3.	Date Incorporated or Qualified 06/17/1994		te of Last R 07/11/19	
2. Principal Place of Business		<b>├</b>	2a. Mailing Address			4.				Applied For	
Suite, Apt. #, etc.		26	······································			<b>65-0498841</b> Not Applicable					
22		27	J			5.	Certificate of Status Desired			Additional Required	
City & State		28	Orty & State 28				6.	Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip <b>24</b>	Country 25	29					8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes				
	9. Name and Address of Curre	nt Regist	tered Agent				10.	Name and Address of New F	Registere	Agent	
	19TH AVE N PALM BEACH FL 33411				33			O. Box Number is Not Acceptat			
					14	City			FI		p Code
SIGNATURE (	and great or professions of required again	) dittora	portation (No.)	Tt. Bageseng A		lamed corpora pration's board			pose of cointment a	hanging its rus registered	egistered office lagent. Lam
12.	OFFICERS AT	NO DIREC	TORS  DELETE	13.				ADDITIONS/CHANGES TO OFF	ICERS AN		
NAME	JELLO, THOMAS W JR				1 1 TPLE 12 NAME					☐ Change	Addition
STREET ADDRESS	4751 AVE N										
CITY-ST-ZIP	ROYAL PALM BEACH FL				13 STREET ADDRESS						
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NAME				2 2 NAME						спапуе	Addition
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CITY - ST - ZIP		■ T			2.4 CiTY - ST - ZiP						
TITLE					3 1 INILE			773		☐ Change	Addition
NAME	NAME STREET ADDRESS		3 2 NAM	3 2 NAME							
STREET ADDRESS				33 STR	STRELF ADDRESS						

Change Addition NAM: 6.2 NAME STREET ADDRESS € 3 STREE ADDRESS CITY-ST-ZIP 6.4.01TY - 01 - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is the 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 purceival or circle receiver or trusted on powered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

3.4 C+1 Y + 3T - ZIP

4.3 STREET ADORESS

5.3 STHEE ADDRESS

5.4 CITY - 17 - 7/P

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5.2 NAME

6 1 TITLE

SIGNATURE:

CITY - ST - ZIP

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STREET ADDRESS

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CITY-ST-ZIP

TITLE

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VATURE AND TYPE OF PRINTED NAME OF PONING OFFICER OR DIRECTOR

[]] DELETE

DELETE

DELFTE

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[1,5]

☐ Change

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Addition

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