Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90156 043 ***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 # P94000055012

1. Corporation Name

PEGGS HALLING AND GRADING, INC.

i Eddo i	MOLING PIND GIMDINGS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Principal Place of Business Mailing Address) #11#) #1111 #41#1	11010 1101 1001
34120 CHANCEY ROAD 34120 CHANCEY ROAD ZEPHYRHILLS FL 33543 ZEPHYRHILLS FL 33543								
ZEFFINILLE FE 30040						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						07/26/1994		
2. Principal Place of Business 2a. Mailing Address						4, FEI Number	Ар	plied For
26						59-3268790	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Bo
23		28	<u>-</u>			Trust Fund Contribution	Added t	
Zip	Country 25	Zip 30	Countr	ry		This corporation owes the current year in Personal Property Tax.	itangible Yes	No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	
				1	Name			
PEGGS, DEAN 5745 9TH STREET			8:	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ZEPHYRHILLS FL 33540			8:	+				
ZEFFI I MILLO PL 33340				٦		•		
			8	4	City	FL	85 Zip (Code
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: Regi				oration submits this statement to the purpose of one's board of directors. I hereby accept the appoint		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D '	_		1.1 TITLE		• •	Change	Addition
NAME	Lood, DD 41			1.2 NAME				
STREET ADDRESS	5745 9TH STREET	,	1.3 STRE	Εſ	ADDRESS			
CITY-ST-ZIP			1.4 CITY-	-ST-	-ZIP	•		7 4 1 2 1 1
TITLE	_		2.1 TITLE	Ξ			Change	☐ Addition
NAME	PEGGS, FORREST		2.2 NAME	E				
STREET ADDRESS	200,000,000		2.3 STRE	EΥ	ADDRESS			-
CITY-ST-ZIP			2.4 CITY-ST-ZiP		-ZiP			
TITLE	S	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME:	PEGGS, HELEN		3.2 NAME	3.2 NAME				
STREET ADDRESS	01120 010 III 021 1101 ID		3.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ZIP			CTT A LADY
TITLE	DELETE 4.1		4.1 TITLE				Change	Addition
NAME		•	4. 2 NAM	ΙE				
STREET ADDRESS			4.3 STRE	Εſ	ADDRESS			
CITY-ST-ZIP	4.4		4.4 CITY-ST-ZIP		ZIP			
TITLE		☐ DELETE	5.1 TITLE	ŧ		•	Change	Addition
NAME			5.2 NAME	E	.		•	
STREET ADDRESS			5.3 STRE	ET.	ADDRÉSS		•	

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.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

J.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



☐ DELETE

☐ Addition

Change