PROFIT / CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000094272

SAWGRASS CONSTRUCTION SERVICES, INC.

Principal P	lace of Business
000 1847 40	ANCE

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90067 038 \*\*\*150.00



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Principal Place	of Business	Mai	ling Address						1 1001100						
09 NW 13 AVE		. •	BOX 210243												
OYNTON BEAG	ACH FL 33426 ROYAL PALM BCH FL 33421					DO NOT WRITE IN THIS SPACE									
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								12	/29/199	94					
	ace of Business		Mailing Address						Number				Ar	pplied For	]
1128	? ROYALPAIMBEA	CH BIVD 26						65	-05415	<u>15</u>			No.	ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Cer	tifcate of	Status De	sired		•	Additional	
City & State	72	27							_					equired	
								6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to 1						•	
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₁ <sup>™</sup> 33 '		29	· -	30	y				•	perty Tax		n year ma	∐ Yes	□No	
<u> </u>	9. Name and Address o				Т-		1					gistered A	Agent		1
	J. Hamb and Flags		•	-	81	Name				MAI					
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						***, B	אעס	אשז	BEI	<del>3</del> CU		FL	<u> </u>	<sup>Code</sup> 462	-
11. Pursuant 1	to the provisions of Sections egistered agent, or both, in the	607.0502 and 60	7.1508, Florida Statute	s, the a	bove d by	e-named of	corporat	ion sub	omits this	statemen ors. I herel	t for the poor	urpose of o the appoin	changing its itment as re	s registered egistered	
agent. I ar	m familiar with, and accept the	e obligations of,	Section 607.0505, Flori	da Stat	utes									•	
SIGNATURE	Monise 1	HARDI	// L.X			MA						-//-	77_		<b>\</b>
//	Signature, typed or printed name of rec	istered agent and title if ERS AND DIREC	**	Registered	d Ager	nt signature re	equired who			HANGES			D DIRECTO	ORS IN 12	18
12. TE	P	EKS AND DIKE	TH DELETE	1.1 T	ITLE		P.						Change	Addition	1
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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, of on an attachment with an address, with all other like empowered.