

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 # P95000009919

1. Corporation Name

E.G. GRADING, INC.

Principal Place of Business

**11923 ANCHORAGE WAY
BOCA RATON FL 33428**

Mailing Address

**11923 ANCHORAGE WAY
BOCA RATON FL 33428**

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

03-01-1999 90194 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1995

4. FEI Number

65-0611080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**3830 ALADDIN AVE.
BOYTON BEACH FL. 33436**

2a. Mailing Address

3830 ALADDIN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYTON BEACH FL.

City & State

BOYTON BEACH FL.

Zip

Country

33436 USA

Zip

Country

33436 USA

9. Name and Address of Current Registered Agent

**GARCIA, ELISEO
11923 ANCHORAGE WAY
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81 Name

ELISEO GARCIA

82 Street Address (P.O. Box Number is Not Acceptable)

3830 ALADDIN AVE.

83

84 City

BOYTON BEACH FL.

85 Zip Code

33436

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DPT
GARCIA, ELISEO
11923 ANCHORAGE WAY
BOCA RATON FL 33428**

TITLE ☐ DELETE

**VS
ZOLNIEREK, KAREN
11923 ANCHORAGE WAY
BOCA RATON FL 33428**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DPT

1.2 NAME

**ELISEO GARCIA
3830 ALADDIN AVE
BOYTON BEACH FL. 33436**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

VS

2.2 NAME

ZOLNIEREK KAREN

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**3830 ALADDIN AVE.
BOYTON BEACH FL. 33436**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-99 561-100

717-3205

CR2E034 (11/98)

0305120