Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90203 002 ***150.00

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PROFIT® CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOA3757

1. Corporation	Name CUSTOM GRINDING AND LA	ANDCLEARING, INC.	ì		
Principal Place	of Business	Mailing Address		- I (Mai(20) (ib idia) 31111 adris 2015 anti at	Bille &(BOB Hithe iff bor biser inns enne
30 S FERNWOO	DD DRIVE	635 BREVARD AVE		(4 ,
ROCKLEDGE FL 32955 SUITE=1119			DO NOT WRITE IN TI	HIS SPACE	
		COCOA FL 32922 US		3. Date Incorporated or Qualified	
		•		06/06/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 635 BR	EUARD AVR	<u>59-3346152</u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State	<i>=1</i>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	28 COCOA , 1	Country	This corporation owes the current year	
Zip	Country	29 32922-7807		Personal Property Tax.	Yes /2No
24	9. Name and Address of Curren	t Registered Agent	, <u>o</u>	10. Name and Address of New Register	ed Agent
	o. Italia dia Adolesia		81 Name	Danie Gues	
GILES, J. DENNIS			82 Street Addi	ess (P.O. Box Number is Not Acceptable)	
635 BREVARD AVE				S BREVALD BUR	
	E-1119-		83		_
{ coc	OA FL 32922		84 City		85 Zip Code
			(0)		*L 32922-7807
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose	e of changing its registered
Affice of re	egistered agent, or both, in the State (of Florida. Silch change was au	inonzeo dy ilie coldorali		Abututon de regione de
agent. I a	m familiar with, and accept the obligat	tions of Section 607.0505, Flori	da Statutes.	,	140
1	m familiar with, and accept the obligat	1 Islan		oration submits this statement for the purpose on's board of directors. I hereby accept the ap	199
SIGNATURE	Signature, typed or printed frame of registered agen	nt and title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating) DA/TE	199
SIGNATURE	Signature, typed or printed fame of registered agen OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Agent signature require	///5/	199
SIGNATURE 12. TITLE	Signature, typed or printed flame of registered agen OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Agent signature require 13.	d when reinstating) DA/TE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed deme of registered agen OFFICERS AN DP HICKEY, MICHAEL	nt and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	d when reinstating) DA/TE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed dome of registered agen OFFICERS AN DP HICKEY, MICHAEL 30 S FERNWOOD DRIVE	nt and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	d when reinstating) DA/TE	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed James OFFICERS AN DP HICKEY, MICHAEL 30 S FERNWOOD DRIVE ROCKLEDGE FL 32955	nt and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	d when reinstating) DA/TE	AND DIRECTORS IN 12
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR