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 # P95000058151

1. Corporation Name

SOUTHERN DEVELOPERS AND EARTHMOVING, INC.

Principal Place of Business Mailing Address

FILED SEP -8 AM 9: 49

SECRETARY OF STATE

LITHIA FL 33547 LITHIA FL 33547			PENSTATEMEN	AIG SPACE
			3. Date Incorporated or Qualifed 07/18/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0598949	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		-5- Certificate of Status Desired	\$8.75 Additional Fee Required
- City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip . Country	Zip 30	Country	This corporation owes the current year Personal Property Tax.	r Intangible ☐ Yes ☐ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
GILL, R. ANTHONY 17620 BILL TAYLOR RD			ress (P.O. Box Number is Not Acceptable)	
· LITHIA FL 33547 »		83	· 480	
		84 City		Zip Code
11. Pursuant to the provisions of Sections 607. office or registered agent, or both, in the St	ate of Florida. Such change was author	ized by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered → pointment as registered

SIGNATURE Registered Agent sphalture required when reinstating) OATE OATE OATE OATE							
Signature, typed or printed name or registered agent and title it applicable. (NOTE: Registered Agent Sprinted Federal Agent Sprinted Fed							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D DELETE	1.1 TITLE					
NAME	GILL, R. ANTHONY	1.2 NAME	1000034051317				
STREET ADDRESS	17620 BILL TAYLOR RD	1.3 STREET ADDRESS	-09/26/00U1036U13				
CITY-ST-ZIP	LITHIA FL 33547	1.4 CITY- ST- ZIP	****900.00 ****900.00				
TITLE	S DELETE	2.1 TITLE '`	☐ Change ☐ Addition				
NAME	GILL, DEBRA M	2.2 NAME					
STREET ADDRESS	17620 BILL TAYLOR RD	2.3 STREET ADDRESS	and the second s				
CITY-ST-ZĨP	CLITHIA FL 33547	2. 4 CITY-ST-ZIP					
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME		3.2 NAME					
STREET ADDRESS	, p	3.3 STREET ADDRESS					
CITY-ST-ZIP 🛳	*	3.4. CITY-ST-ZIP					
TITLE	D£LETE	4,1 TITLE	☐ Change ☐ Addition				
NAME		4. 2 NAME					
STREET ADORESS		4.3 STREET ADDRESS					
CITY-ST-ZIP	·	4.4 CITY-ST-ZIP					
TITLE	☐ D£LETE	5.1 TITLE	Change Addition				
NAME		5.2 NAME	, '				
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY- ST- ZIP					
TITLE	☐ DELETE	6.1 TITLE	_ Change				
NAME	·	6.2 NAME	KE				
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u>· </u>				

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.

CITY-ST-ZIP

PRES.