

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90088 007 ***150.00

DOCUMENT # P96000053344

1. Corporation Name

ACE GRADING SERVICE, INC.

Principal Place of Business

2032 46TH ST. S.W.
NAPLES FL 34116
US

Mailing Address

2032 46TH ST. S.W.
NAPLES FL 34116
US

new address 970 9th st. S.W.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1996

2. Principal Place of Business

21 970 9th st. S.W.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Naples FL

22 City & State

23 Naples U.S.

24 Zip Country

34117

28 Zip Country

30 34117 U.S.

4. FEI Number

65-0675525

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

9. Name and Address of Current Registered Agent

MIGLIAZZO, ROCCO A
4791-A 28TH AVE. S.W.
NAPLES FL 33999

New Address

10. Name and Address of New Registered Agent

81 Name Rocco A. Migliazzo

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

970 9th st S.W.

83

84 City Naples

FL

85 Zip Code 34117

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

2/18/99

12. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS MIGLIAZZO, ROCCO A
CITY-ST-ZIP 4791-A 28TH AVE. S.W.
NAPLES FL 33999

TITLE
NAME Rocco A. Migliazzo
STREET ADDRESS 970 9th st. S.W.
CITY-ST-ZIP Naples FL 34117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

2/18/99 (941) 352-9590

Date

Daytime Phone #

CR2E034 (1/98)