FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P97000039307**1. Corporation Name

MATT COMBS GRADING INC.

Principal Place of Business	Mailing Address
17244 46 COURT NORTH	17244 46 COURT NORTH
LOXAHATCHEE FL 33470	LOXAHATCHEE FL 33470

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90014 033 ***150.00



17244 46 COUP						
LOXAHATCHEE		17244 46 COURT NORTH LOXAHATCHEE FL 33470			DO NOT WRITE IN THIS SPACE	
						,
					3. Date Incorporated or Qualifed 05/02/1997	
a Délabiant D	lace of Business	2a. Mailing Address			4 FEI Number Applied	For
	Nace of Business				65-0785190 Not Ap	olicable
21		Suite, Apt. #, etc.			\$8.75 Addit	
Suite, Apt.	#, etc.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Require	
City & Stat	e	City & State		,	6. Election Campaign Financing \$5.00 May	Be
23		28			Trust Fund Contribution Added to Fe	es
Zip	Country	Zip	Counti	ry	8. This corporation owes the current year intangible	
1	25	29	30	-	Personal Property Tax.	io .
24	9. Name and Address of Current		130,1		10. Name and Address of New Registered Agent	
	g. Halle and Address of Carren	/ No section of August	8	1 Name		
COM	IBS. LORA					
N & B 10 P T 6 3	14 46 COURT NORTH		. 8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	AHATCHEE FL 33470		L	_	The state of the s	1.14.25
LUX	MINICIPE PL 35470		. 8	3		
-		-	8	4 City	. FI 85 Zip Code	
<u> </u>	10 10 007 0500	COZ AEOD Eleddo Stotut	on the obe	wo named cor	poration submits this statement for the number of changing its regi	stered
11. Pursuant	egistered agent, or both, in the State of	of Florida, Such change was a comport Section 607 0505. Florida	uthorized b	y the corporat	poration submits this statement for the purpose of changing its region's board of directors. I hereby accept the appointment as registed	red
SIGNATURE	$\sim 30 \text{ M} \sim 100 \text{ M}$	Υ NO)			7 - 5 - 9 9 red when reinstating) DATE	_ '
<u> </u>	Signature, typed or printed name of registered agent	Condition in application (*****	13.	jent signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
12.	OFFICERS AN	D DIRECTORS	1.1 TITLE			Addition
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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 chapted, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE