Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90015 031 \*\*\*150.00

## 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 # P97000102242

1. Corporation Name

BREAKING GROUND CONTRACTING COMPANY											
		S.S.: No Address.						JEIN <b>Jaio</b> n Nen D	BIIO IIONO IION BI		
Principal Place		Mailing Address									
2588 PARK STRI		2588 PARK STREET JACKSONVILLE FL 32204									
JACKSONVILLE FL 32204 US JACKSONVILLE FL 32204						DO NOT WRITE IN THIS SPACE					
00					3.	Date Incorporat	ted or Qualife	đ			
						12/01/1997					
2. Principal Pl	ace of Business	2a. Mailing Address	_		4.	FEI Number			App	olied For	
21		26				59-3489546			Not	Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				Cartifacta of Str	ntus Dosirad		\$8.75 A	dditional	
22	المستعلقة المستعلقة	27	يخيون س		5.	Certificate of Sta	alus Desileu		Fee Rec	quired	
City & State	<del></del>	City & State			6.	Election Campa	aign Financin	g 🗆	\$5.00 !	vlay Be	
23		28				Trust Fund Con	ntribution		Added to	Fees	
Zip	Country	Zip	Country	′	8.	This corporation	n owes the cu	irrent year Int		_ /	
24	25	29	30			Personal Prope	•			[Z]Mg	
	9. Name and Address of Current	Registered Agent		,		Name and Ado	dress of New	Registered	Agent		
	4511415515		81	Name							
	, ARNOLD D JR		82	Street	Address (F	P.O. Box Number	r is Not Acce	ptable)			
	ST. JOHNS AVENUE			Officer Address (F.O. Box Hambor 15 Hot Floorphia)							
SUITE			83						1		
JACK	SONVILLE FL 32204		84	City					85 Zip C		
				'				FL	<b>.</b>	i	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida. Such change was au	ithorized by	rine cono	l corporatio oration's b	n submits this sta oard of directors.	atement for the state of the st	ne purpose of cept the appoi	changing its introduced the changing its interest of the change of the change of the change of the changing its interest of the chan	registered jistered	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			Registered Age	nt signature i				DATE			
12.	OFFICERS ANI		13.		<del>171</del> 2	ADDITIONS/CH/	ANGES TO C	OFFICERS AN	Change	Addition	
TITLE	PD	☐ DELETE	1.1 TITLE		MD:	$> y \nu$	2.16		Change		
NAME	TAPPOUNI, MARY G						KU U				
STREET ADDRESS			1.2 NAME		TA	PROUNT MA					
	2588 PARK STREET			TADDRESS		ppůvní Ma 3 PARK	STREET	41	i		
CITY-ST-ZIP	JACKSONVILLE FL 32204		1.3 STREE			SPARK. SSDNVIUM	street	3220		C Addition	
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32204 VPD	DELETE	1.3 STREE				street L, FL	32201	☐ Change	☐ Addition	
	JACKSONVILLE FL 32204 VPD TAPPOUNI, THERESE A	DELETE	1.3 STREE				street i, fl	32201		Addition	
TITLE	JACKSONVILLE FL 32204 VPD TAPPOUNI, THERESE A 2588 PARK STREET	DELETE	1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME		JACI		street L	32201		Addition	
TITLE NAME	JACKSONVILLE FL 32204 VPD TAPPOUNI, THERESE A		1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	ST-ZIP	JACI	CSDNV IUM	street, fl	32201	Change		
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TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	JACKSONVILLE FL 32204 VPD TAPPOUNI, THERESE A 2588 PARK STREET JACKSONVILLE FL 32204 STD MCKIERNAN-MADDUX, LONNA		1.3 STREE 1.4 CITY- \$ 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS	JACI	CSDNV IUM	stree-	32281	☐ Change	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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP