**FILED** 

03-01-1999 90247 043 \*\*\*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 # P98000069579

1. Corporation Name

JEFF'S COMPLETE TRACTOR & SEPTIC WORK, INC

Principal Place	e of Business	Mailing .	Mailing Address				1			
509 COOLIDGE			1900 PINE AVE							
LEHIGH ACRÉS FL 33936		ALVA FL	ALVA FL 33920				DO NOT WRITE IN THIS SPACE			
							3. Date Incorpo 08/05/199	orated or Qualifed		
2. Principal Pi	lace of Business	2a. Maili	2a. Mailing Address				4. FEI Number		Ap	plied For
2. 1 1110000		<b>⊢</b> ¬	26				65-	0853867	No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				- O-4%-4	Status Decimal E-	\$8.75	Additional _
22	MARKET N. Market	27	27				Certificate of	Status:Desired	Fee Re	quired
City & State		City	City & State				6. Election Car	npaign Financing	\$5.00	May Be
23		28	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Co	untry			ation owes the current ye		
24	25	29		30			Personal Pro		Yes	□No
	9. Name and Address of Curr	ent Registered	Agent		100		10. Name and	Address of New Registe	ered Agent	
VCDI	VEC EDAN				81	Name				
YERKES, FRAN					82	Street Add	treet Address (P.O. Box Number is Not Acceptable)			
	PINE AVE									
ALVA	A FL 33920				83					
			•		84	City	<u></u>		85 Zip	Code
									FL   ° '   Z   P	
11. Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.15	08, Florida Statut	es, the	above	e-named corp	poration submits this	s statement for the purpo ors. I hereby accept the a	se of changing its appointment as re	registered gistered
agent. I a	egistered agent, of both, in the Sta m familiar with, and accept the obli	gations of, Sect	ion 607.0505, Flo	rida Sta	tutes		,on 5 500.0 0. 0000			
SIGNATURE	Jusa Mer	Real	FRAN	ΥE	RH	(ES. "	RIA		1-26-9	9
	Signature, typed or printed name of registered a			_		t signature require	R A ed When reinstating)			
12.		AND DIRECTO		13			ADDITIONS/	CHANGES TO OFFICER	Change	Addition
TITLE	P		☐ DELETE		TITLE					
NAME	BOCK, JEFFREY			1	NAME					
STREET ADDRESS	509 COOLIDGE AVE					ADDRESS		,		Ì
CITY-ST-ZIP	LEHIGH ACRES FL 33936			_	CITY-\$1	r-zip		_ <del></del>	Change	Addition
TITLE	\$		☐ DELETE		TITLE					
NAME	YERKES, FRAN				NAME					ł
STREET ADDRESS				- 1		ADDRESS	· · ·			
CITY-ST-ZIP	ALVA FL 33920				CITY-S	T-ZIP			Change	Addition
TITLE			☐ DELETE		TITLE				☐ Change	Addition
NAME				3.21	NAME					
STREET ADDRESS				3.3	STREET	ADDRESS	ž			
CITY-ST-ZIP					CITY-S	7-ZIP			Change	☐ Addition
TITLE			☐ DELETE		TITLE			•	Change	L Addition
NAME	•			4 2	NAME					
STREET ADDRESS				4.3	STREET	ADDRESS				ļ
CITY-ST-ZIP				_	CITY-S1	r-zip	<u> </u>		(m) Channa	Addition
TITLE			☐ DELETE		TITLE				Change	☐ ∀dqijion
NAME					NAME			,	•	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					CITY-ST	I-∠IP		<u> </u>	☐ Change	Addition
TITLE	,		☐ DELETE	1	TITLE				□ change	I'''I Addison
NAME				•	NAME			•		
STREET ADDRESS	{			6.3	STREET	ADDRESS	,	•		

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