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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **S94326**

1. Corporation Name

E.F.G. CONTRACTING, INC.

Principal Place of Business Ma		Mailing A	Mailing Address				£ 19811918 118 (BIII		2.2			
3640 NW 118	AVE	3640 N.W.	118TH AVENUE									
#1 1						200	NOT WRITE II	N TINC CDAC	_			
CORAL SPRINGS FL 33065 US CORAL SPRINGS FL 33065 US								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
03		00					11/15/1991	Qualifect				
a Principal E	Place of Business	2a. Mailin	g Address				4. FEI Number			Ann	ied For	
	Tace of Dusiness	26	g naaress				65-0297846		-	+	Applicable	
Suite, Apt.	# etc		Apt. #, etc.	 -			,		/ \$8		ditional	
22	,	27	, ipt. 11, oto.				5. Certifcate of Status	Desired L	,	ee Req		
City & Sta	te	City &	State	_			6. Election Campaign	Financino	\$5	.00 M	av Be	
23		28					Trust Fund Contribu			ided to		
Zip	Country	Zip		Cou	intry		8. This corporation ow	es the current v	vear Intangible			
24	25	29	1	30	·		Personal Property T		₩ Ye		3No	
	9. Name and Address of Curren						10. Name and Addres		stered Agent			
			•		81	Name						
SCH	HARF, ROBERT D.					- ·	(0.0.0	(-4 At-bla)				
1999 UNIVERSITY DR				82 Street Address (P.O. Box Number is Not Acceptable)								
SUI	TE 402				83							
COF	RAL SPRINGS FL 33071											
					84	City			FL 85	Zip Co	de	
agent. I a	registered agent, or both, in the State am familiar with, and accept the obligate Signature, typed or printed name of registered ager	tions of, Sectio	n 607.0505, Flor	ida Stat	utes.	-	equired when reinstating)		DATE			
12.	OFFICERS AN			13.			ADDITIONS/CHANG	ES TO OFFICE	ERS AND DIR	ECTOR	\$ IN 12-	
TITLE	ST		DELETE	1.1 T	TLE		PRESIDENT - F		□ Ch	ange	Addition	
NAME	FITZGERALD JAMIE D			1.2 N			Edward D. Fit.	z-Ge <i>t</i> a	ld.			
STREET ADDRESS	5604 N W 99TH LANE			1.3 \$	TREET	TADDRESS	10082 N.W. 1944	street	L.			
CITY-ST-ZIP	CORAL SPRINGS FL 33076				ITY-S1		CORAL SPRINGS, E	FLORIOA	3301	7/		
TITLE	D		DELETE	2.1 ₹	TLE		7 7 7		Ch	ange	☐ Addition	
NAME	SHERIFF ALBERT			2.2 N	AME							
STREET ADDRESS	AATA CAMPINE DD			2.3 \$	TREET	TADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL		_			ST-ZIP						
TITLE	D		DELETE	3.1 T	_		-		Ch	ange	☐ Addition	
NAME	FITZGERALD JUDITH B		-	3.2 N	AME	Ì						
STREET ADDRESS	ACCORD AND ACTUA			3.3 S	TREET	TADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL					T-ZIP						
TITLE			☐ DELETE	4.1 T				•	□ CH	ange	Addition	
NAME												
STREET ADDRESS	.[4.21	AME	1						
CITY-ST-ZIP						TADORESS						
TITLE				4.3 S	TREET	TADORESS						
NAME			DELETE	4.3 S	TREET		· · · · · · · · · · · · · · · · · · ·			ange	Addition	
- A-BEIL	•		DELETE	4.3 S 4.4 C	TREET ITY-ST					ange	Addition	
STREET ADDOCCO			. DELETE	4.3 S 4.4 C 5.1 TI 5.2 N	TREET ITY-ST TLE AME					ange	Addition	
STREET ADDRESS			DELETE	4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TREET TLE AME	T-ZIP TADORESS	·		□ Ct	ange	Addition	
CITY-ST-ZIP			DELETE	4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	TREET TLE AME TREET	T-ZIP TADORESS		, ar e	 		☐ Addition	
CITY-ST-ZIP				4.3 S 4.4 C 5.1 Tl 5.2 N 5.3 S 5.4 C	TREET TLE AME TREET TTY-ST	T-ZIP TADORESS						
CITY-ST-ZIP				4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	TREET TLE AME TREET TTY-ST TLE AME	T-ZIP TADORESS						

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 accordate 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 employered of execute this report of required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address, with all other like interviered.

6.4 CITY-ST-ZIP

SIGNATURE