## 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 # L60681

PAAVOLA BROTHERS, INC.

SIGNATURE:

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90118 044 \*\*\*150.00



Principal Place	of Business	Mailing Address				
GREGORY G. KEANE % GREGORY G. KEANE 729 S FEDERAL HWY #222 729 S FEDERAL HWY #222			DO NOT WRITE IN THE	S SPACE		
TUART FL 34994 STUART FL 34994 US				3. Date Incorporated or Qualifed		
0		00		03/22/1990		
Dringinal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	7
	ace of Business	26		65-0183632	Not Applicable	,
Suite, Apt. :	# etc	Suite, Apt. #, etc.		_	\$8.75 Additional	
	m, 0.00.	27		5. Certifcate of Status Desired	Fee Required	
City & State	Э.	City & State		6. Election Campaign Financing	\$5.00 May Be	1 .
]		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year h	ntangible	
7	25 a	29	30 444 - 47 2545 - 1 27 1 - 1 25	Rersonal Property Tax.	Yes □ No	ادر در
7. 48	9. Name and Address of Current	Registered Agent * ****	199	10. Name and Address of New Registered	Agent **	
	A STATE OF THE STA	The grant of the page of arrest	81 Name	AND REAL PROPERTY OF THE PARTY		
KEAI	ne, gregory G.			ress (P.O. Box Number is Not Acceptable)	<u> </u>	7
729	S FEDERAL HWY #222		OZ Street Add	1000 (1.0. Box Hallibot to Hart 1000)		
SUIT	E 244		83			
STU	ART FL 34994		01 01		85 Zip Code	$\dashv$
			84 City	F	L   65   215 code	
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607.1508, Florida Statute of Florida. Such change was au ions of, Section 607.0505, Flori	is, the above-named corporation in the corporation is statutes.	poration submits this statement for the purpose of the submits the statement for the purpose of the submits board of directors. I hereby accept the app	on changing its registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	ND DIDECTORS IN 12	$\dashv \widehat{\mathscr{R}}$
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	S S S S CR2E034 (11/98)
TITLE	D	☐ DELETE	1.1 TITLÉ		☐ Citatige ☐ Addition	‴[ <del>∑</del>
NAME	PAAVOLA, ESKO		1.2 NAME			성
STREET ADDRESS	7640 S.W. PARKWAY DR.		1.3 STREET ADDRESS			<u> </u>
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		☐ Change ☐ Addition	뒤뚱
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	"  "
NAME	Paavola, veli		2.2 NAME			
STREET ADDRESS	1800 SE HACKMAN TER		2.3 STREET ADDRESS			1
CITY-ST-ZIP	STUART FL		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TTLE		☐ Change ☐ Addition	""
NAME			3.2 NAME			1
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			_
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Additi	OII
NAME			4.2 NAME			== ==
STREET ADDRESS			4.3 STREET ADDRESS	•		İ
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
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NAME			5.2 NAME	·		
STREET ADDRESS			5.3 STREET ADDRESS			
						1
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Additi	on
TITLE		☐ OELETE			☐ Change ☐ Additi	ion
TITLE NAME		☐ DELETE	6.1 TITLE	.,,	☐ Change ☐ Additi	ion
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further of the level of the section of		

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 local, did that my 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 an other like empowered.