PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005794

MARYLAND EXCAVATING AND DREDGING COMPANY

Principal Place	of Business
360 MAIN ST.	•
REISTERSTOWN	MD 21136

Mailing Address

360 MAIN ST.

REISTERSTOWN MD 21136

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90022 017 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

]				11/03/1997			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26	سر ب سر پس	52-1857104	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional		
22		27	•	5. Certificate of Status Desired	Fee Required		
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current ye	ar Intangible		
24	25	293	10	Personal Property Tax.	☐ Yes 🗷 No		
	9. Name and Address of Current	t Registered Agent	,	10. Name and Address of New Regist	ered Agent		
			81 Name				
C T CORPORATION SYSTEM			82 Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD				on our realists (1.13. Box realists)			
PLAN	PLANTATION FL 33324						
-			04 6:5		85 Zip Code		
			84 City		FL S Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the purpo	se of changing its registered		
l office or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accept the	appointment as registered		
Į	in lamiliar with, and accept the obligat	ions of, Section dov. 0505, Florid	da Olatotes.		ļ		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	Registered Agent signature require	d when reinstating) DA	TE .		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition		
NAME	sani, eli dr.		1.2 NAME				
STREET ADDRESS	7715 CLARIDGE ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	HOUSTON TX 77071		1.4 CITY-ST-ZIP				
TITLE	V	☐ DELETE	2.1 TITLE	-	Change Addition		
NAME	MYERS, RICHARD	_	2.2 NAME				
STREET ADORESS	360 MAIN ST.		2.3 STREET ADDRESS	and the second second			
			2, 4 CITY-ST-ZIP		ļ		
CITY-ST-ZIP	REISTERSTOWN MD 21136	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME	S CECEV VAID	- J	3.1 YHCE 3.2 NAME				
,	SEGEV, YAIR		3.3 STREET ADDRESS				
STREET ADDRESS	2011 HERITAGE DR.		1				
CITY-ST-ZIP	BALTIMORE MD 21209	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE	T				[] one 20		
NAME	SEGEV, YAIR		4.2 NAME				
STREET ADDRESS	2011 HERITAGE DR.		4.3 STREET ADDRESS				
CITY-ST-ZIP	BALTIMORE MD 21209	□ BELETE	4.4 CITY-ST-ZIP		Change Addition		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	•	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME	•		6.2 NAME				
STREET ADDRESS		//	6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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.

SIGNATURE

SICULIAND SECURISE

ATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

" 1 /20/99

4/0~8356.200 Daytime Phone # ;