

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H73951 (6)**  
 1. Corporation Name  
**HOLLAND EXCAVATING, INC.**



Principal Place of Business <b>1988 W. PHYMOUTH AVENUE 1872 OLD NEW YORK AVENUE DELAND FL 32720 US</b>	Mailing Address <b>C/O GLENN E. HOLLAND 1972 OLD NEW YORK AVENUE DELAND FL 32720 US</b>
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<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
<b>22</b> City & State	<b>27</b> <b>67 Walnut Av., Suite 103</b>
<b>23</b> Zip	<b>28</b> <b>Clark, NJ</b>
<b>25</b> Country	<b>29</b> <b>07066</b>
	<b>30</b> <b>USA</b>

<b>3.</b> Date Incorporated or Qualified <b>09/03/1985</b>	<b>3a.</b> Date of Last Report <b>05/01/1995</b>
<b>4.</b> FEI Number <b>59-2635958</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**HOLLAND, GLENN E.  
1972 OLD NEW YORK AVE  
DELAND FL 32720**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>Mark Cosgrove</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>Schofield Corporation of Orlando</b>
<b>83</b> <b>225 S Orange Ave, Suite 888</b>
<b>84</b> City <b>Orlando</b>
<b>85</b> Zip Code <b>FL 32801</b>

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligation of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **6/10/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLAND, GLENN E.</b>	1.2 NAME	<b>Carlos E. Aguero</b>
STREET ADDRESS	<b>1972 OLD NEW YORK AVE</b>	1.3 STREET ADDRESS	<b>c/o CWI, 67 Walnut Avenue, Suite 103</b>
CITY-ST-ZIP	<b>DELAND FL</b>	1.4 CITY-ST-ZIP	<b>Clark, NJ 07066</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLAND, NORA G.</b>	2.2 NAME	<b>Michael Drury</b>
STREET ADDRESS	<b>1972 OLD NEW YORK AVE</b>	2.3 STREET ADDRESS	<b>c/o CWI, 67 Walnut Avenue, Suite 103</b>
CITY-ST-ZIP	<b>DELAND FL</b>	2.4 CITY-ST-ZIP	<b>Clark, NJ 07066</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Carlos E. Aguero</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>c/o CWI, 67 Walnut Avenue, Suite 103</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Clark, NJ 07066</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Vice President, Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Michael Drury</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>c/o CWI, 67 Walnut Avenue, Suite 103</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Clark, NJ 07066</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>Vice President, Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Jeffrey E. Levine</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>c/o CWI, 67 Walnut Avenue, Suite 103</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Clark, NJ 07066</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE **6/10/96** DAYBEE PHNS # **908 396-0018**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jeffrey E. Levine, Vice President, Secretary**

CR2E034 (3/96)