

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H73951**

1. Corporation Name  
**HOLLAND EXCAVATING, INC.**

99 FEB 25 PM 2:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**110 S.E. 6TH STREET, 20TH FLOOR  
 FT. LAUDERDALE FL 33301  
 US**

Mailing Address  
**110 S.E. 6TH STREET, 20TH FLOOR  
 FT. LAUDERDALE FL 33301  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **110 S.E. 6th St.**  
 Suite, Apt #, etc.  
 22 **28th FLOOR**  
 City & State  
 23 **FT. LAUDERDALE, FL**  
 Zip Country  
 24 **33301** 25 **US**

2a. Mailing Address  
 26 **110 S.E. 6th St.**  
 Suite, Apt #, etc.  
 27 **28th FLOOR**  
 City & State  
 28 **FT. LAUDERDALE, FL**  
 Zip Country  
 29 **33301** 30 **US**

3. Date Incorporated or Qualified  
**09/03/1985**  
 4. FEI Number  
**59-2635958** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax  Yes  No  
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
**FL** 85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for this filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUDSON, HARRIS W</b>	
STREET ADDRESS	<b>110 S.E. 6TH STREET, 20TH FLOOR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COSMAN, JAMES H</b>	
STREET ADDRESS	<b>110 S.E. 6TH STREET, 20TH FLOOR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARCLAY, DAVID</b>	
STREET ADDRESS	<b>110 S.E. 6TH STREET, 20TH FLOOR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LANG, EDWARD A III</b>	
STREET ADDRESS	<b>110 S.E. 6TH STREET, 20TH FLOOR</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>HARRIS W. HUDSON</b>	
13 STREET ADDRESS	<b>110 S.E. 6th St, 28th FLOOR</b>	
14 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>	
21 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>JAMES H. COSMAN</b>	
23 STREET ADDRESS	<b>110 S.E. 6th St. 28th FLOOR</b>	
24 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>	
31 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>DAVID A. BARCLAY</b>	
33 STREET ADDRESS	<b>110 S.E. 6th St., 28th FLOOR</b>	
34 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>	
41 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>EDWARD A. LANG III</b>	
43 STREET ADDRESS	<b>110 S.E. 6th St., 28th FLOOR</b>	
44 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33301</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j) Florida Statutes. 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:**

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (934) 769-2928  
 Daytime Phone #

CR2E034 (11/98)