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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000097057 (0)
1. Corporation Name

DEJONGE EXCAVATING CONTRACTORS, INC.

Principal Place of Business Mailing Address				—{	
3506 TUNDRA RD S506 TUNDRA RD VENICE FL 34293 VENICE FL 34293-5444					
				3. Date incorporated or Qualified 12/18/1995	3a. Date of Last Report 10/16/1996
2. Principal P	liace of Business	2a. Mailing Address 26 PO BOX	3421	4. FEI Number 65-0636287	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 Venice	FL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<i>Z</i> ip 24	Country 25	^{Zip} 34293 3	O USA		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
DEJONGE, EILEEN C					
3506 TUNDRA RD Street Address (P.O. Box Number is Not Acceptable)					e)
VENICE FL 34293					
			83		
94 C				FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the objigations of, Section 607.0505, Florida Statutes.					
SIGNATURE	21 low	Anou File	een beston	ne 4/3	5 97</td
SIGNATORE	Signature, typeti or printed name of regis		Registered Agent signature red	when reinstating)	DATE
12.	OFFICER	S AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	Dejonge, Henry L		1.2 NAME		
STREET ADDRESS	3506 TUNDRA RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		1.4 CITY+\$T-ZIP		·
TITLE	D	☐ DELETE	2.1 TILLE		Change Addition
NAME	DEJONGE, EILEEN C		2.2 NAME		
STREET ADDRESS	3506 TUNDRA RD		2.3 STREET ADDRESS		1
CITY - ST - ZIP	VENICE FL 34293		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		1
STREEF ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY - ST - ZIP		
THTLE		DELETE	4.1 THLE	, h, h,	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CiTY - ST - ZIP			4.4 CITY - ST- ZIP		

14. I do 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Funged, or on an attachment with an address.

5.1 TILLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST-ZIP

DELETE

DELETE

SIGNATURE:

THLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

Change

.... Change

Addition

Addition

FILED

May 05 1997 8:00am

Secretary of State