

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H22871** (8)

1. Corporation Name

KEYSTONE EXCAVATORS, INC.



Principal Place of Business

**371 SCARLET BLVD
OLDSMAR FL 34677
US**

Mailing Address

**371 SCARLET BLVD
OLDSMAR FL 34677
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**BRADLEY, JAMES A III
371 SCARLET BLVD
OLDSMAR FL 34677**

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 of person filing this report and the corporation

Signature of person accepting appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	[] DELETE
NAME	BRADLEY, JAMES A., III	
STREET ADDRESS	371 SCARLET BLVD	
CITY, ST, ZIP	OLDSMAR FL 34677	
TITLE	DST	[] DELETE
NAME	BRADLEY, MARY KAY	
STREET ADDRESS	371 SCARLET BLVD	
CITY, ST, ZIP	OLDSMAR FL 34677	
TITLE	DV	[] DELETE
NAME	FORNWALT, ROBERT	
STREET ADDRESS	371 SCARLET BLVD	
CITY, ST, ZIP	OLDSMAR FL 34677	
TITLE	D	[] DELETE
NAME	FORNWALT, JAMIE K	
STREET ADDRESS	371 SCARLET BLVD	
CITY, ST, ZIP	OLDSMAR FL 34677	
TITLE	D	[] DELETE
NAME	AUERBACH, AMY K	
STREET ADDRESS	150 BURBANK RD.	
CITY, ST, ZIP	OLDSMAR FL 34677	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[x] Change [] Addition

[x] Change [] Addition

[] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(a), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

813-354-2312

CR2E034 (12/95)