FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **411361** **(9)**

1. Corporation Name

FRED'S EXCAVATING AND CRANE SERVICE, INC.

Principal Place of Business	Mailing Address
5217 N. PINE HILLS ROAD P.O. BOX 585948 ORLANDO FL 32858-2948	5217 N. PINE HILLS ROAD P.O. BOX 585948 ORLANDO FL 32858-2948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/24/1972	04/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **59-1428408** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SWINDLE, MICHAEL 157 E. ENGLAND AVE., STE 301 WINTER PARK FL 32789	81 Name: WHITTEN, IRVIN F 82 Street Address (P.O. Box Number is Not Acceptable): 5217 N Pine Hills Rd 83 84 City: ORLANDO FL 85 Zip Code: 32808

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] IRVIN F WHITTEN, President 4/26/95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	☐ Change ☐ Addition
NAME	WHITTEN, BRUCE W.	12 NAME	
STREET ADDRESS	39 SPRING HOLLOW BLVD	13 STREET ADDRESS	
CITY ST ZIP	APOPKA FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	WHITTEN, LARRY S.	22 NAME	delete
STREET ADDRESS	1504 S ATLANTIS DR.	23 STREET ADDRESS	
CITY ST ZIP	APOPKA FL	24 CITY ST ZIP	NO LONGER AN OFFICER
TITLE	P	31 TITLE	☒ Change ☐ Addition
NAME	WHITTEN, IRVIN F	32 NAME	
STREET ADDRESS	5217 N PINE HILLS RD	33 STREET ADDRESS	5275 PINEVIEW WAY
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	APOPKA, FL 32703
TITLE	VP	41 TITLE	☒ Change ☐ Addition
NAME	WHITTEN, FREDERICK E	42 NAME	
STREET ADDRESS	5581 S PINE AVENUE	43 STREET ADDRESS	4240 SE 95TH ST
CITY ST ZIP	OCALA FL	44 CITY ST ZIP	OCALA FL 34480
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: [signature] IRVIN FRED WHITTEN 4/26/95 407-299-5694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

041000 FP