FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **10/24/1972**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITTEN, IRVIN F
5217 N PINE HILLS RD.
ORLANDO FL 32808

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	☐ DELETE	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	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	WHITTEN, LARRY S.		22 NAME	
STREET ADDRESS	1504 S ATLANTIS DR.		23 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		24 CITY-ST-ZIP	
TITLE	P	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	WHITTEN, IRVIN F		32 NAME	
STREET ADDRESS	5275 PINEVIEW WAY		33 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		34 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	WHITTEN, FREDERICK E		42 NAME	
STREET ADDRESS	4240 SE 95TH ST.		43 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	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 above, or on an attachment with an address.

SIGNATURE: IRVIN FRED WHITTEN PRES. 4/8/96 401 299-5094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)