


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

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Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>411361</b> (9) 1. Corporation Name <b>FRED'S EXCAVATING AND CRANE SERVICE, INC.</b>			
Principal Place of Business <b>5217 N. PINE HILLS ROAD P.O. BOX 585948 ORLANDO FL 32858-2948</b>		Mailing Address <b>5217 N. PINE HILLS ROAD P.O. BOX 585948 ORLANDO FL 32858-5948</b>	
2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>10/24/1972</b>		3a. Date of Last Report <b>04/12/1996</b>	
4. FEI Number <b>59-1428408</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>WHITTEN, IRVIN F 5217 N PINE HILLS RD. ORLANDO FL 32808</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	ST <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	WHITTEN, BRUCE W.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	39 SPRING HOLLOW BLVD	1.2 NAME	
CITY-ST-ZIP	APOPKA FL	1.3 STREET ADDRESS	
TITLE	P <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
NAME	WHITTEN, IRVIN F	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5275 PINEVIEW WAY	2.2 NAME	
CITY-ST-ZIP	APOPKA FL	2.3 STREET ADDRESS	
TITLE	VP <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
NAME	WHITTEN, FREDERICK E	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4240 SE 95TH ST.	3.2 NAME	
CITY-ST-ZIP	OCALA FL	3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	



SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-6-97

Daytime Phone #

407-299-5694

0000185

CR2E034 (9/96)