

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

FILED

Mar 28 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 # 458392 (8)

1. Corporation Name  
DON'S TRUCKING AND EARTH MOVING, INC.



Principal Place of Business  
1098 GOLDENROD RD  
STE. 823  
W PALM BCH FL 33414  
US

Mailing Address  
1098 GOLDENROD RD  
STE. 823  
W PALM BCH FL 33414-8531  
US

2. Principal Place of Business  
21 2732 S.E. Blackwell Dr  
Suite, Apt. #, etc.  
22  
City & State  
23 Port St. Lucie, FL  
Zip Country  
24 34952 25 USA

2a. Mailing Address  
26 2732 S.E. Blackwell Dr  
Suite, Apt. #, etc.  
27  
City & State  
28 Port St. Lucie, FL  
Zip Country  
29 34952 30 USA

3. Date Incorporated or Qualified  
07/23/1974

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-1543535

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  
RICHARDVILLE, DONALD  
5851 HOLMBERG RD.  
STE. 823  
PARKLAND FL 33067

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2732 S.E. Blackwell Dr.  
83  
84 City  
Port St. Lucie, FL 85 Zip Code  
34952

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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDVILLE, DONALD R	1.2 NAME	
STREET ADDRESS	1098 GOLDENROD RD	1.3 STREET ADDRESS	2732 S.E. Blackwell Dr.
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDVILLE, SARA M	2.2 NAME	
STREET ADDRESS	1098 GOLDENROD RD	2.3 STREET ADDRESS	2732 S. E. Blackwell Dr.
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Donald R. Richardville DONALD R. RICHARDVILLE 3-21-97 561-335-7730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)