

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

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Mar 27 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 # 616242 (4)

1. Corporation Name  
PANHANDLE BORING & TRENCHING, INC.

Principal Place of Business  
8115 NORTH PALAFOX HIGHWAY  
PENSACOLA FL 32534-4332

Mailing Address  
8115 NORTH PALAFOX HIGHWAY  
PENSACOLA FL 32534-4332



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1979		3a. Date of Last Report 03/29/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1895406		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		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				10. Name and Address of New Registered Agent			
QUINNELL, STEVEN C. 101 E GOVERNMENT ST. PENSACOLA FL 32501				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				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 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 type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, THOMAS			1.2 NAME			
STREET ADDRESS	8115 N. PALAFOX HWY			1.3 STREET ADDRESS			
CITY- ST- ZIP	PENSACOLA FL			1.4 CITY- ST- ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, SHIRLEY A.			2.2 NAME			
STREET ADDRESS	8115 N. PALAFOX HWY			2.3 STREET ADDRESS			
CITY- ST- ZIP	PENSACOLA FL			2.4 CITY- ST- ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, EDWARD E.			3.2 NAME			
STREET ADDRESS	8115 N PALAFOX HWY			3.3 STREET ADDRESS			
CITY- ST- ZIP	PENSACOLA FL			3.4 CITY- ST- ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, GREGORY A.			4.2 NAME			
STREET ADDRESS	8115 N. PALAFOX HWY.			4.3 STREET ADDRESS			
CITY- ST- ZIP	PENSACOLA FL			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 if changed, or on an attachment with an address.

SIGNATURE: Gregory A Jackson 03/27/97 (904) 477-4217

CR2E034 (9/96)