Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90038 035 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 679670

| nigh PC | DINT EXCAVATING, INC. | | | | ALEK EVEN BAHK EVEN BAHK DER |
|---|--|--|---|--|--|
| Driver of Disease | a of Dunings | Mailing Address | | I LOBALEO DELLO POLICO POLICE ESPARENTE DELLE | |
| Principal Place | | 1451 WEXFORD DR S. | | | |
| 1101 110111 0110 011 01 | | PALM HARBOR FL 34683 | | • | |
| THEM TOUCH | , 2 51005 | | | DO NOT WRITE IN THIS | S SPACE |
| | | | | 3. Date Incorporated or Qualifed 07/24/1980 | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2013218 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | · | 27 | | 5. Octimode of Cidado Costos | Fee Required |
| City & State | g sagar constant of the same | City & State | سسيم چەقسى در سانى ــــــــــــــــــــــــــــــــــــ | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Ir | |
| 24 | 25 | 29 | 30 | Personal Property Tax. | Yes No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered | d Agent |
| O1 A1 | ECHOLIT IOCEPULL | | 81 Name | | |
| CLAERHOUT, JOSEPH U | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| 14605 49TH STREET N. #14 | | | | | |
| CLE | ARWATER FL 34622 | | . 83 | | |
| | | , | 84 City | | 85 Zip Code |
| | | | | FI | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statute | s, the above-named cor thorized by the corporal | rporation submits this statement for the purpose of | of changing its registered pintment as registered |
| Office of the | edistrier adeiir oi poni in ne Siare d | A Librida. Oddil olidlige was ad | TIONECO DI PRO CONDONA | | |
| agent. I a | ım fafniliar with, and accept the obligati | ionsoof, Section 607.0505, Flori | da Statutes. | | 0.4 |
| | breky 11. | osoerua | CED | rporation submits this statement for the purpose of the directors. I hereby accept the apportunity of the directors of the di | 99 |
| SIGNATURE | Signature, typed of Minted name of registered agent | and title if applicable. (NOTE: | Registered Agent signature requi | ired when reinstating) DATE | |
| SIGNATURE | Signature, typed of Minted name of registered agent | and title if applicable. (NOTE: | Registered Agent signature requi | / // | ND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE | Signature, typed of printed name of registered agents OFFICERS AND | and title if applicable. (NOTE: | Registered Agrint signature requi | ired when reinstating) DATE | |
| SIGNATURE | Signature, typed of Printed hame of registered agent OFFICERS AND OFV CLAERHOUT, JOSEPH U | and title if applicable. (NOTE: | Registered Agont signature required 13. 1.1 YITLE 1.2 NAME | ired when reinstating) DATE | ND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and title if applicable. (NOTE: | Registered Admit signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS | ired when reinstating) DATE | ND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed of Printed hame of registered agent OFFICERS AND OFV CLAERHOUT, JOSEPH U | and the d applicable. (NOTE: D DIRECTORS | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and title if applicable. (NOTE: | Registered Adont signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | ired when reinstating) DATE | ND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and the d applicable. (NOTE: D DIRECTORS | Registered Adont signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and the d applicable. (NOTE: D DIRECTORS | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and the d applicable. (NOTE: D DIRECTORS DELETE | Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and the d applicable. (NOTE: D DIRECTORS | Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and the d applicable. (NOTE: D DIRECTORS DELETE | Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and the d applicable. (NOTE: D DIRECTORS DELETE | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and the d applicable. (NOTE: D DIRECTORS DELETE DELETE | Registered Agent signature required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and the d applicable. (NOTE: D DIRECTORS DELETE | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and the d applicable. (NOTE: D DIRECTORS DELETE DELETE | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and the d applicable. (NOTE: D DIRECTORS DELETE DELETE | Registered Agent signature required 13. 1.1 YITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | DELETE DELETE DELETE | Registered Agent signature required 13. 1.1 YITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed of Printed hame of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. | and the d applicable. (NOTE: D DIRECTORS DELETE DELETE | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Sigrature, typed of Printed name of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. PALM HARBOR FL 34683 | DELETE DELETE DELETE | Registered Agent signature required 13. 1.1 YITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Sigrature, typed of Printed name of registered agent OFFICERS AND PV CLAERHOUT, JOSEPH U 1451 WEXFORD DR S. PALM HARBOR FL 34683 | DELETE DELETE DELETE | Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | ired when reinstating) DATE | ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition |

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TILE NAME

STREET ADDRESS