FILE NOW: FILING FEE AFTER MAY 1 IS $220.00

CORPORATION ANNUAL REPORT

1995

Electronic Filing Provided by Florida Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 21 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **847022** **(1)**

1. Corporation Name:
DE WITT EXCAVATING, INC.

Principal Place of Business:
790 W. HIGHWAY 50
P.O. BOX 770337
WINTER GARDEN FL 34777-7337

Mailing Address:
790 W. HIGHWAY 50
P.O. BOX 770337
WINTER GARDEN FL 34777-7337

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/22/1980**
3a. Date of Last Report: **02/21/1994**

2. Principal Place of Business
21: 14463 W Colonial
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 14463 W. Colonial
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **38-1816206** ☐ 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

DEWITT, DALE A.
10215 LAKE LOUISA ROAD
CLERMONT FL 34711

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	DEWITT, THOMAS A.	12 NAME	
STREET ADDRESS	228 E. LAKESHORE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	DEWITT, THEODORE	22 NAME	
STREET ADDRESS	238 E. LAKESHORE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	DEWITT, TIMOTHY A.	32 NAME	
STREET ADDRESS	1550 DESS DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	DEWITT, DALE A.	42 NAME	
STREET ADDRESS	12015 LAKE LOUISA ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	SEVERNS, ANN	52 NAME	
STREET ADDRESS	10479 RUNYAN LAKE POINT	53 STREET ADDRESS	
CITY-ST-ZIP	FENTUM MI	54 CITY-ST-ZIP	
TITLE		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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Secretary 4/17/95 810-732-1440
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Daytime Phone #)

CR7E020 CP