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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

1. Corporation Name
DE WITT EXCAVATING, INC.

Principal Place of Business	Mailing Address
14463 W. COLONIAL P.O. BOX 770337 WINTER GARDEN FL 34777-7337 US	64376 BEECHER ROAD FLINT MI 48532 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1980

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 38-1818208	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEWITT, DALE A. 10215 LAKE LOUISA ROAD CLERMONT FL 34711	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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEWITT, THOMAS A.		1.2 NAME		
STREET ADDRESS	228 E. LAKESHORE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DEWITT, THEODORE		2.2 NAME		
STREET ADDRESS	13220 MARIA DRIVE		2.3 STREET ADDRESS	10701 Lake Louisa Rd	
CITY-ST-ZIP	CLERMONT FL		2.4 CITY-ST-ZIP	Clermont FL	
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DEWITT, TIMOTHY A.		3.2 NAME		
STREET ADDRESS	17432 PALM DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MONTVERDE FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DEWITT, DALE A.		4.2 NAME		
STREET ADDRESS	12015 LAKE LOUISA ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SEVERNS, ANN		5.2 NAME		
STREET ADDRESS	10479 RUNYAN LAKE POINT		5.3 STREET ADDRESS		
CITY-ST-ZIP	FENTUM MI		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (OFFICER OR DIRECTOR) Date Daytime Phone #