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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847022

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 Qualifed: 09/22/1980

4. FEI Number: 38-1818208 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 PO BOX 365
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Fenton MI
Zip 24 Country 25	Zip 29 ~~48430~~ 48430-0365 Country USA

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	☐ 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	10701 LUKE LOUISA RD		2.3 STREET ADDRESS	10701 Lake Louisa Road	
CITY-ST-ZIP	CLERMONT FL		2.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DEWITT, TIMOTHY A.		3.2 NAME		
STREET ADDRESS	17432 PALM DRIVE		3.3 STREET ADDRESS	15405 Thoroughbred Lane	
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	10215 Lake Louisa Rd	
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	FENTON	
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	FENTON	

CR2E034 (11/98)

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.

SIGNATURE: _____ 3/15/99 8107140444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #