

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **847946** (1)

1. Corporation Name

MCPHALL EXCAVATING, INC.



Principal Place of Business

P.O. BOX 430854
BIG PINE KEY FL 33043
US

Mailing Address

P.O. BOX 430854
BIG PINE KEY FL 33043
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/13/1981

3a. Date of Last Report
06/16/1995

4. FEI Number
38-2150818

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

10. Name and Address of New Registered Agent

MCPHALL, RONALD C
550 9TH STREET
KEY COLONY BEACH FL 33050

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

(Signature typed or printed name of each board member at the time of filing)

(If Not: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY, ST, ZIP

5. 5. TITLE

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY, ST, ZIP

9. 9. TITLE

10. 10. NAME

11. 11. STREET ADDRESS

12. 12. CITY, ST, ZIP

13. 13. TITLE

14. 14. NAME

15. 15. STREET ADDRESS

16. 16. CITY, ST, ZIP

17. 17. TITLE

18. 18. NAME

19. 19. STREET ADDRESS

20. 20. CITY, ST, ZIP

21. 21. TITLE

22. 22. NAME

23. 23. STREET ADDRESS

24. 24. CITY, ST, ZIP

25. 25. TITLE

26. 26. NAME

27. 27. STREET ADDRESS

28. 28. CITY, ST, ZIP

29. 29. TITLE

30. 30. NAME

3-10-96 **305-872-4951**

CR2E034 (12/95)