2002 UNIFORM RUSINESS REDORT (UR

DOCUMENT # 847946 1. Entity Name MCPHALL EXCAVATING, INC.					FILED		
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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		dô	ORETAVY OF ST AHASSEE, FLO DOOBSE: 020106002	8110	Oo
2. Principal	l Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO, NOT MUITE IN	TUIS SPACE	Z
City & State		City & State		4. FEI Number			Applied For
Zip	Country	Zip	Country	5. Certificate of S	38-2150818	¢9.75 .	Not Applicable
	6. Name and Address of Current F	Registered Agent			-	fee Requir	red
MODILA			Name	/. Name and Ad	dress of New Registe	ered Agent	
	L, RONALD C		Street Addi	ess (P.O. Box Number is	Not Acceptable)		
	LONY BEACH FL 33050				riot Acceptable)	·	
8 The above	a named optity submits this state		City			FL Zip Co	de
	e trained entity additife this statement for	the purpose of changing it	ts registered office or red	istered agent or both in	the State of Florida	am familiar with	and against
the obliga	e named entity submits this statement for ations of registered agent.	• paragraph on any many m		iotoroa agent, or both, ii	tillo otate oi i longa. 1	Carriarina with	, and accept
the obligation	Konalde MG	PhAII	Conolle	medel	The State of Florida.	Carriar mar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	phall	DTE: Rehistered Agent signature re	medal		ATE	, and accept
SIGNATURE 9. This cogy Tax filing	Konalde MG	phall dittle if applicable. (NO FILE NOW After September 1	OTE: Relistered Agent signature re	nuired when reinstating) 10. Election		ATE \$5.0	00 May Be
9. This country fluing (See critical See Cri	Signature, typed or printed name of registered agent an exporation is eligible to satisfy its intangible requirement and elects to do so. Fria on back)	After September 1 Make Check Paya	OTE: Rehistered Agent signature re	nuired when reinstating) 250.00 State 10. Election Trust Fi	o Campaign Financing and Contribution.	\$5.0	O May Be
9. This country fax filing (See critical Control of the Control of	Signature, typed or printed name of registered agent an exporation is eligible to satisfy its intangible requirement and elects to do so.	FILE NOW After September 1 Make Check Paya	OTE: Redistered Agent signature red 7!!! FEE IS \$550.00 13, 2002 Fee will be \$ able to Department of	nuired when reinstating) 250.00 State 10. Election Trust Fi	o Campaign Financing	\$5.0	00 May Be d to Fees
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indicated on this report or supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AGINATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

649-331-4324