

**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 # **F39394** (4)

1. Corporation Name  
**B.J. EXCAVATING ENTERPRISES, INC.**



Principal Place of Business: 4610 ENTERPRISE AVE. NAPLES FL 33942  
Mailing Address: 4610 ENTERPRISE AVE. NAPLES FL 33942

3. Date Incorporated or Qualified: 06/01/1981  
3a. Date of Last Report: 01/23/1995

21. Principal Place of Business 694 Commercial Blvd Suite, Apt. #, etc.	22. Mailing Address 694 Commercial Blvd Suite, Apt. #, etc.	4. FEI Number 59-2113982	Applied For Not Applicable
23. City & State Naples Florida 33942	27. City & State Naples Florida	5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
24. Zip 33942	25. Country USA	29. Zip 33942	30. Country USA
9. Name and Address of Current Registered Agent JONES, G.C., JR. 2958 CYPRESS ST NAPLES FL 33962		10. Name and Address of New Registered Agent 81. Name Ben F Jones 82. Street Address (P.O. Box Number is Not Acceptable) 694 Commercial Blvd 83. 84. City Naples FL 85. Zip Code 33942	

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: Ben F Jones DATE: 1/19/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	<input type="checkbox"/> DELETE	1.1 TITLE X <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JONES, BEN F		1.2 NAME	
STREET ADDRESS 2998 POPLAR ST		1.3 STREET ADDRESS 694 Commercial Blvd	
CITY-ST-ZIP NAPLES, FL 00000		1.4 CITY-ST-ZIP Naples Florida 33942	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vp	X <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, GREEN CHARLES, JR		2.2 NAME Ben F Jones	
STREET ADDRESS 2958 CYPRESS ST		2.3 STREET ADDRESS 694 Commercial Blvd	
CITY-ST-ZIP NAPLES FL		2.4 CITY-ST-ZIP Naples Florida 33942	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	900001747529
STREET ADDRESS		6.3 STREET ADDRESS	-03/18/96--8888--888
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***208.75 01093-001

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)(k), 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]* DATE: 1/19/96 941-643-3478

CR2E034 (12/95)