

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

2. Principal Place of Business

2a. Mailing Address

21 **694 Commercial Blvd**

26 **694 Commercial Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Naples Florida 33942**

28 **Naples Florida**

Zip

Country

Zip

Country

24 **33942**

25 **USA**

29 **33942**

30 **USA**

4. FEI Number

59-2113982

Applied For

Not Applicable

5. Certificate of Status Desired

XX

**\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, G.C., JR.
2958 CYPRESS ST
NAPLES FL 33962**

81 Name

Ben F Jones

82 Street Address (P.O. Box Number is Not Acceptable)

694 Commercial Blvd

83

84 City

Naples

FL

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/19/96

12. OFFICERS AND DIRECTORS

TITLE

PST

☐ DELETE

NAME

**JONES, BEN F
2998 POPLAR ST
NAPLES, FL 00000**

STREET ADDRESS

CITY- ST- ZIP

TITLE

VP

☒ DELETE

NAME

**JONES, GREEN CHARLES, JR
2958 CYPRESS ST
NAPLES FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**694 Commercial Blvd
Naples Florida 33942**

1.4 CITY- ST- ZIP

2.1 TITLE

Vp

☒ Change ☐ Addition

2.2 NAME

Ben F Jones

2.3 STREET ADDRESS

**694 Commercial Blvd
Naples Florida 33942**

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

**900001747528 ge
-03/18/96--88888-000
***208.75 01093-001**

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 941-643-3478

CR2E034 (12/95)