FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)F46751 TAHITIAN EXCAVATING, INC. Principal Place of Business Mailing Address 1000 U.S. HIGHWAY 10 4800-H-0-HBOHWAY-40 HOUDAY FL 84001 HOLIDAY FL 34691 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2535 2535 59-2132432 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 OD835A ODESSA Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes □ No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BAKER, RICHARD W. 1886-U.S: HIGHWAY-18 82 HOLIDAY FL-04091 83 84 ODESSA 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 lamiliar with, and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 13. DELETE .Change **PSTD** TITLE 1.1 TITUE SPEDL SPEER, RICHARD M. NAME 1.2 NAME 2535 Success DR 1993 U.S. #19 -STREET ADDRESS 1.3 STREET ADDRESS HOLIDAY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 4.1 TITLE Change TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-2IP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

6.2 NAME

14. Thereby certify that the information supplied with this filling 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

6.3 STREET ADDRESS

Block 12 or Block 13 if changed or on an attachment with an address. SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP