FILE NOW: FILING FEE AFTER MAY 1 IS \$ 5.00PROFIT ELORIDA DEPARTMEN F STATE CORPORATION Sandra B. Mor ANNUAL REPORT Secretary of S 1996 DIVISION OF CORPORTIONS F78986 DOCUMENT # BUCKEYE EXCAVATING, INC. Principal Place of Business Maling Address 38919 OTIS ALLEN ROAD PO BOX 1115 ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33539 3a. Date of Last Become 03/02/1995 3. Date Incorporated or Qualified 05/05/1982 4. FEI Number 59-2398772 2. Principal Place of Business 2a. Maining Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required Oily & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Cointry 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 ▼ Yes □ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DELZER, HARVEY V Street Address (P.O. Box Number is Not Acceptable) 82 339 U.S. HWY 19 NORTH PORT RICHEY FL 83 84 City . Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the advernamed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed to product name of registered agent and the it appealshes Ager I signature required when reinstating? (12/95)OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 HILE DELETE Change Addition TI F ARMSTRONG, FRED M NAME ME CR2E034 38919 OTIS ALLEN ROAD STREET ADDRESS 1.3 S REET ADDRESS ZEPHYRHILLS FL 33540 CHY-ST ZiP 1.4 0 TY - ST - ZIP ST 11113 DELFTE Change Addition ITLE ARMSTRONG, SANDRA L NAME 2.2 N.ME 38919 OTIS ALLEN ROAD STRUET ADDIRESS 23 STREET ADDRESS ZEPHYRHILLS FL 33540 City St 2if 2 4 CHY-ST-ZIP 101, F DELETE Change 3 1 TITLE Addition 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS OF Y \$1.701 3.4 CITY - \$1 - 212 THEF DELFTE 4. 1 TITLE Change Addition NAM: 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY ST ZE 4.4 City - St - ZiP Tille DELETE 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-St 7E 54 CITY - ST - ZIP 141: F DELFIE 6 1 TITLE Change Addition NAMI 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY - ST - 7/P 14. It do hereby certify that the information supplied wit i 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. 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

Armstrong 2/16/8 (813)728-5369

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: