

**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 # **G46841 (4)**

1. Corporation Name  
**LAWRENCE MILLER EXCAVATING, INC.**



Principal Place of Business: **12435 JESS WALDEN RD DOVER FL 33527**  
Mailing Address: **12435 JESS WALDEN RD DOVER FL 33527**

3. Date Incorporated or Qualified: **06/27/1983**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **59-2340932**  
5. Certificate of Status Desired:  **\$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

2. Principal Place of Business: **21** State, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** State, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **MILLER, LAWRENCE 1935 JESS WALDEN RD. DOVER FL 33527**  
10. Name and Address of New Registered Agent: **81** Name: **82** Street Address (P.O. Box Number is Not Acceptable): **12435 Jess Walden Rd.** **83** **84** City: **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0509 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature for principal place of business (agent) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>DSP</b>                    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MILLER, LAWRENCE</b>       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>12435 JESS WALDEN RD</b>   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | <b>DOVER FL</b>               | 1.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | <b>ST</b>                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MILLER, SUE M.</b>         | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>12435 JESS WALDEN RD</b>   | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | <b>DOVER FL</b>               | 2.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | <b>VP</b>                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DANIEL L. MILLER</b>       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>12435 JESS WALDEN ROAD</b> | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | <b>DOVER FL</b>               | 3.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                               | 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                      |                               | 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                      |                               | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                               | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                               | 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: *Sue M. Miller - ST* **SUE M. MILLER - ST** *Feb 10, 96* **813-685-0807**

CR2E034 (12/95)