


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

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Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G71191** (2)
1. Corporation Name
FOWLER EXCAVATING INC.



Principal Place of Business 4000 BAL HARBOR 317 P.O. BOX 155 PUNTA GORDA FL 33950	Mailing Address 4000 BAL HARBOR 317 P.O. BOX 155 PUNTA GORDA FL 33950
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1250 W. MARION AVE #341 Suite, Apt. #, etc. 22 City & State 23 PUNTA GORDA FL Zip Country 24 33950 25 CHARLOTTE	2a. Mailing Address 26 1250 W. MARION AVE #341 Suite, Apt. #, etc. 27 City & State 28 PUNTA GORDA FL Zip Country 29 33950 30 CHARLOTTE
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3. Date Incorporated or Qualified 11/23/1983	4. FEI Number 35-1462423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**FOWLER, JEANETTE
4000 BAL HARBOR 317
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent 81 Name JEANETTE FOWLER 82 Street Address (P.O. Box Number is Not Acceptable) 1250 W. MARION AVE #341 83 84 City PUNTA GORDA FL 85 Zip Code 33950
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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 *Jeanette Fowler* **JEANETTE FOWLER/SECRETARY MARCH 20/1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	FOWLER, BOBBY L
STREET ADDRESS	4000 BAL HARBOR BLVD 317
CITY - ST - ZIP	PUNTA GORDA, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	FOWLER, JEANETTE
STREET ADDRESS	4000 BAL HARBOR BLVD 317
CITY - ST - ZIP	PUNTA GORDA, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN EDWARD FOWLER
1.3 STREET ADDRESS	7519 CARABOLA
1.4 CITY - ST - ZIP	PUNTA GORDA FL 33955
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JEANETTE FOWLER
2.3 STREET ADDRESS	1250 W. MARION AVE #341
2.4 CITY - ST - ZIP	PUNTA GORDA, FL 33950
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeanette Fowler* **JEANETTE FOWLER**

MARCH 20/1998(941)639-7578

CR2E034 (10/97)