

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G84070

(3)

1. Corporation Name

MIKE BROWN EXCAVATING, INC.



Principal Place of Business

Mailing Address

2800 5TH AVE S.
ST PETERSBURG FL 33712
US

2800 5TH AVE S.
ST PETERSBURG FL 33712
US

3. Date Incorporated or Qualified

02/09/1984

3a. Date of Last Report

11/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2386990

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, MICHAEL J.
4300 43RD STREET SOUTH
ST. PETERSBURG FL 33711

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BROWN, MICHAEL J.
STREET ADDRESS 4300 43RD ST., SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711

☐ DELETE

11 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

21 TITLE ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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22 NAME

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23 STREET ADDRESS

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24 CITY-ST-ZIP

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☐ DELETE

31 TITLE ☐ Change ☐ Addition

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32 NAME

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☐ DELETE

33 STREET ADDRESS

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34 CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

41 TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

☐ DELETE

42 NAME

TITLE
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CITY-ST-ZIP

☐ DELETE

43 STREET ADDRESS

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44 CITY-ST-ZIP

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☐ DELETE

51 TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

☐ DELETE

52 NAME

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☐ DELETE

53 STREET ADDRESS

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54 CITY-ST-ZIP

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☐ DELETE

61 TITLE ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

62 NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

63 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

64 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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael J. Brown MICHAEL J. BROWN

8-15-96

813 327-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone No.

CR2E034 (3/96)