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Profit Corporation Annual Report

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G89501

(2)

STEVE'S EXCAVATING AND PAVING, INC.

Mailing Address Principal Place of Business % STEVEN SARNAGO % STEVEN SARNAGO 1741 NORTH KEENE ROAD 1741 NORTH KEENE ROAD CLEARWATER FL 34615-9312 **CLEARWATER FL 34615-2312** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/06/1984 04/23/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2425029 Not Applicable 26 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, eta 5. Certificate of Status Desired Fee Recuired 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Ζıρ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SARNAGO, CATHY 1741 NORTH KEENE ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **CLEARWATER FL 34615-9312** 83 City Zip Code 84 85 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. Stor ation, typed or produce came of registered agent and title. Capplicable (HOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ___ Addition DELETE 1.1 TITLE 101.6 SARNAGO, CATHY 1.2 NAME NAME 1741 NORTH KEENE ROAD 1.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 1.4 CITY-ST ZIP CITY - \$1 - ZIP Addition DELETE 2.1 TITLE THLE SARNAGO, STEVE 2.2 NAME NAME 1741 NORTH KEENE ROAD 2.3 STREET ADDRESS STREET ADDRESS CLEARWATER FL 2. 4 CITY-ST ZIP C-1Y - ST - 7/F Addition DELETE 3.1 TITLE 1171.F 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CHTY-ST-ZIP COLY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHY ST-ZiP Addition DELETE Change 5.1 TITLE PILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZiP CHTY - ST - ZIF Addition DELETE 6 I TITLE Change THE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do horeby 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 supplienental 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

SIGNATURE:

appears in Block 12 or Block

NO TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

tranged, or on an attachment with an address

1/22/97

(813) 446-3485

FILED

Mar 06 1997 8:00am

Secretary of State