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

Mailing Address

DURANT FL 33530

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

2. Principal Place of Business

P O BOX 308 DURANT FL 33530



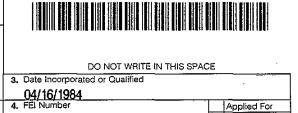
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G96269 (7) CENTRAL FLORIDA EXCAVATING AND FILL DIRT, INC.

FILED Feb 05 1998 8:00am Secretary of State



21 2812	2 Airport Rd	Rd 26 2812 Airport Rd						ot Applicable
Suite, Apt.					5. Certificate of Status Desired	\$	8.75	Additional
22	27				5. Certificate of Status Desired		Fee Ro	equired
City & State City & State					6. Election Campaign Financing		\$5.00	May Be
23 Plant City Fl 28 Plant City					Trust Fund Contribution			to Fees
23 Plant City, Fl 28 Plant City C			L Y Cou	itry	8 This corporation owen or bear		فتسيين	أستوسيت
		10. Name and Address of New Registered Agent						
o Name and Address of Current Registered Agent								
BARRON, DAVID				í				
7705 TRUKEY CREEK RD			82	82 Street Address (P.O. Box Number is Not Acceptable)				
7/03 TRUNET ORCEN ND			Į_	3721	N GallagherRd			
PLANT CITY FL 33567				3				
· · · · · · · · · · · · · · · · · · ·			-	84 City_ 85 Zip Code				
				100170	3C	_ FL	3.7	3527
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								
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 of the corporation o								
office or registered agent, or both, in the State of Florida. Such change was authorized by a gent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
DATE								
SIGNATURE 5	Signature, typed or printed name of registered agent ar	gent signature required	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	S IN 12 S		
12.	OFFICERS AND D	DIRECTORS	13.		ADDITION		Change	Addition \
TITLE	PDT			i i				5
NAME [BARRUN, DAVID		1,2 NAM					
STREET ADDRESS	3904 AIRPORT RD		1.3 STRE	et address				5
• • • • • • • • • • • • • • • • • • • •	PLANT CITY FL		1.4 CRY	-ST-ZIP			Change	Addition C
CITY-ST-ZIP	VSD	DELETE 2.1		<u>:</u>		ш,	,,,g	
TITLE	BARRON, YVONNE		2.2 NAM	E				Į
NAME	DARRON, IVONNE		2.3 STR	EET ADDRESS				1
STREET ADDRESS	3904 AIRPORT RD		2.400	Y-ST-ZIP				Addition
CITY - ST - ZIP	PIANI CITY EL		3.1 TITE			L)	Change	L_ Addition
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NAME	1		1	EET ADDRESS				ļ
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			4.4 CIT	Y-ST-ZIP		- 1	Change	Addition
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NAME	J		5.3 ST	REET ADDRESS				J
STREET ADDRESS			5.4 CIT	Y-ST-ZIP			Observe	Addition
CITY - ST - ZIP		DELETE	6.1 TIT			L	Change	Addition (
TITLE			6.2 NA	ļ				
NAME	1			REET ADDRESS)
STREET ADDRESS				I				
CITY-ST-ZIP			6.4 Ci	motion stated in	Section 119.07(3)(i), Florida Statutes.	I further certify	/ that the	e information
6.4 C/TY-ST-ZIP 6.4 C/TY-ST-ZIP 6.4 C/TY-ST-ZIP 6.4 C/TY-ST-ZIP 6.4 C/TY-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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an								

indicated on this annual report or supplemental annual report is true and accurate at a final my supplemental annual report is true annual report is true annual report is true annual rep

SIGNATURE:

al Chisane Blown on Direction

8/5-757-6783 Daytime Phone # 0365267