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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H47356

(1)

U. S. BORING AND TUNNELING, INC.

FILED May 14 1998 8:00am Secretary of State

4124198 941-619-7478

|                                      |   |                             |   |                                  |                         |             |                   |  |  |                    |               |          | #1111       |  |
|--------------------------------------|---|-----------------------------|---|----------------------------------|-------------------------|-------------|-------------------|--|--|--------------------|---------------|----------|-------------|--|
| Principal Plac                       | e of Busines  | S                           | Mailing Add   | ress                             |                         |             |                   |  |  | 2 0·(1 6161) 4141( | *1011 010     |          |             |  |
| HWY 60 W                             | _   |                             | HWY 60 W  |                                  |                         |             |                   |  |  |                    |               |          |             |  |
| P.O. BOX 1789<br>BARTOW FL 33830     |   |                             |   | P.O. BOX 1769<br>BARTOW FL 33830 |                         |             |                   | DO NOT WRITE IN THIS SPACE   |  |                    |               |          |             |  |
| parties to some                      |   |                             |   |                                  |                         |             |                   |  | 3. Date Incorporated or Qualified                      |                    |               |          |             |  |
| ı                                    |   |                             |   |                                  |                         |             |                   |  | 03/15/1985   |                    |               |          |             |  |
| 2. Principal P                       | Place of Busin  | 10\$\$                      | 2a. Mailing A   | 2a. Mailing Address              |                         |             |                   |  | FEI Number   | N                  | $\overline{}$ | Apr      | plied For   |  |
| 21                                   |   |                             | 26  | 26                               |                         |             |                   |  | 59-2522373   |                    |               | Not      | Applicable  |  |
| Suite, Apt. #, etc.                  |   |                             | Suite, Ap   | Suite, Apt. #, etc.              |                         |             |                   | 6  | Certificate of Status Desired                          | ×                  |               |          | dditional   |  |
| 22                                   |   | <del></del>                 | 27  | · <del>{</del>                   |                         |             |                   | J.   | Continuate of Status Desiros                           |                    |               | ee Rec   | <del></del> |  |
| City & State                         |   |                             | ļ   | City & State                     |                         |             |                   | •  | Election Campaign Financing                            | 9 —                |               |          | May Be      |  |
| Zip Country                          |   |                             | Zip Country   |                                  |                         |             |                   | Trust Fund Contribution  |  |                    | ded to        |          |             |  |
|                                      | <b>-,</b> ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' - ' - ' - ' - ' - ' - ' |                             | <del></del>   |                                  | Country<br>30           |             |                   | 8. This corporation owes or has paid the current year Intang Personal Property Tax due June 30.  Yes N |  |                    |               |          |             |  |
| 24                                   | o Name  |                             | 29 rrent Registered Age                               |                                  | 30]                     |             |                   |  | Personat Property Tax due J<br>Name and Address of New |                    |               |          | , INO       |  |
| 013                                  |   |                             |   |                                  | 81                      | Na          |                   | 10.  |  |                    |               |          |             |  |
|                                      | roole, ne   |                             |   |                                  | B2                      |             |                   |  |  |                    |               |          |             |  |
| 395 S CENTRAL AVE<br>Bartow Fl 33830 |   |                             |   |                                  |                         |             | eet Address       | Address (P.O. Box Number is Not Acceptable)  |  |                    |               |          |             |  |
| DA                                   | NIUM FL S   | 0000                        |   |                                  | 83                      |             |                   |  | <u></u>  |                    |               |          |             |  |
|                                      |   |                             |   |                                  |                         |             |                   |  |  |                    |               |          |             |  |
|                                      |   |                             |   |                                  | 84                      | Cit         | y                 |  |  | FI.                | 85            | Zip C    | ode         |  |
| 11. Pursuant                         | to the provis   | ions of Sections 607.       | 0502 and 607.1508. F                                  | lorida Statute                   | s. the above            | l<br>a-nar  | ned corporat      | ation  | submits this statement for the                         |                    | chanc         | ing its  | registered  |  |
| office or r                          | registered ag   | jent, or both, in the S     | itate of Florida. Such of<br>bligations of, Section ( | change was at                    | uthorized by            | the !       | corporation's     | 's bo  | oard of directors. I hereby ad                         | cept the app       | ointme        | nt as r  | egistered   |  |
| •                                    | ziri i <b>g</b> irillineti vvi                                  | ил, апи ассерт иле о        | ingalions of, accitori                                | 007,0303, 1101                   | nua Stattiet            | э.          |                   |  |  |                    |               |          |             |  |
| SIGNATURE                            | Signature, typed  | or punted name of registern | d agent and lide if applicable                        | (NO1E                            | Registered Age          | nt sign     | ature required wh | vhen r   | reinstating)   | DATE               |               |          |             |  |
| 12.                                  |   | OFFICERS                    | AND DIRECTORS   |                                  | 13.                     |             |                   | Α  | DDITIONS/CHANGES TO OF                                 | FICERS AND         | DIREC         | CTORS    |             |  |
| TITLE                                | PST   |                             |   | DELETE                           | 1.1 TITLE               |             |                   |  |  |                    | Cha           | ange     | Addition    |  |
| NAME                                 | MACEY,  | ROBERT                      |   |                                  | 1.2 NAME                |             |                   |  |  |                    |               |          |             |  |
| STREET ADDRESS                       | 1836 PII  | NNACLE DRIVE                |   |                                  | 1.3 STREET              | ADDRI       | SS                |  |  |                    |               |          |             |  |
| CITY-ST-ZIP                          | LAKELA  | ND FL                       |   |                                  | 1.4 CITY - S            | T - ZIP     |                   |  |  |                    |               |          |             |  |
| TITLE                                |   |                             | L   | DELETE                           | 2.1 TITLE               |             |                   |  |  |                    | L Cha         | ange     | Addition    |  |
| NAME                                 |   |                             |   |                                  | S 5 NAME                |             |                   |  |  |                    |               |          |             |  |
| STREET ADDRESS                       |   |                             |   |                                  | 23 STREET               | ADDRE       | :ss [             |  |  |                    |               |          |             |  |
| CITY - ST - ZIP                      |   |                             |   | Toriosa                          | 2.4 CITY - S            | T-ZIP       |                   |  | ······································                 |                    | <del> </del>  |          | <u> </u>    |  |
| TITLE                                |   |                             | L   | DETELE                           | 3.1 TITLE               |             |                   |  |  |                    | L Cha         | 30Be     | Addition    |  |
| NAME                                 | 1   |                             |   |                                  | 3.2 NAME                |             |                   |  |  |                    |               |          |             |  |
| STREET ADDRESS                       |   |                             |   |                                  | 3.3 STREET              |             | SS                |  |  |                    |               |          |             |  |
| CITY-ST-ZIP                          | <del></del>   |                             |   | DELETE                           | 3.4. CITY-5             | ST-ZIP      |                   |  |  |                    | Cha           | 2006     | Addition    |  |
| TITLE<br>NAME                        | }   |                             | L   | ) percie                         | 4.1 TITLE               |             | }                 |  |  |                    | L Cha         | иιΩс     |             |  |
|                                      |   |                             |   |                                  | 4. 2 NAME               | AO DE       | .00               |  |  |                    |               |          |             |  |
| STREET ADDRESS                       |   |                             |   |                                  | 4.3 STREFT              |             | :00               |  |  |                    |               |          |             |  |
| CHY-ST-ZIP<br>TITLE                  |   |                             |   | DELETE                           | 4.4 CITY-S<br>5.1 TITLE | 1 - 211     |                   |  |  |                    | Cha           | ange     | Addition    |  |
| NAME                                 |   |                             | _   | 7 000010                         | 5.2 NAME                |             |                   |  |  |                    |               | n igo    |             |  |
| STREET ADDRESS                       |   |                             |   |                                  | 5.3 STREET              | <b>ADDD</b> | :ec               |  |  |                    |               |          |             |  |
| CITY-ST-ZIP                          |   |                             |   |                                  | 5.4 CITY - S            |             | .30               |  |  |                    |               |          |             |  |
| TITLE                                |   | <del></del>                 |   | DELETE                           | 6.1 TITLE               | 1-211       | <del> </del> -    | -  |  |                    | Cha           | ange     | Addition    |  |
| NAME                                 |   |                             | _   | -                                | 6.2 NAME                |             |                   |  |  |                    |               | -        |             |  |
| STREET ADDRESS                       |   |                             |   |                                  | 63 STREET               | ADDRE       | ess l             |  |  |                    |               |          |             |  |
| CITY-ST-ZIP                          |   |                             |   |                                  | 64 CITY-S               |             |                   |  |  |                    |               |          |             |  |
| 14. I hereby o                       | certify that th   | e information supplie       | d with this filing does                               | not qualify for                  | r the exemp             | lion s      | stated in Sect    | clion  | 119.07(3)(i), Florida Statute                          | s. I further ce    | rtify the     | at the i | nformation  |  |
| indicated                            | on this annu  | al report or suppleme       | ental annual report is:                               | true and accu                    | rate and the            | at my       | r signature st    | shall  | have the same legal effect a                           | as if made un      | der oat       | th: that | l I am an   |  |
| Block 12                             | or Block 13 i   | fichanged, or on an         | tachment with an ad                                   | drefish A                        | und t                   |             | . 20              | - ~ y  | Chapter 607, Florida Statut                            |                    |               | - ֊Իխ    |             |  |