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CORPORATION ANNUAL REPORT



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

1996

| 1. Corporation POLLI | MENT # H529 ITT EXCAVATING, INC. |)14 (9) | | | | | | |
|--|--|--|--|--|---|------------------------------|---|--|
| Principal Place | of Business | Mailing Address | | | { | | | |
| Principal Place of Business C/O EDWARD D. POLLITT 1308 N. PARK ROAD HOLLYWOOD FL 33021 | | C/O EDWARD D. PO 1308 N. PARK ROAS | C/O EDWARD D. POLLITT 1308 N. PARK ROAD HOLLYWOOD FL 33021 | | | F-1 - C | | |
| | | | | | 3. Date Incorporated or Quali 04/17/1985 | ned 3a. L | ate of Last R 05/01/10 | • |
| 2. Principal Pla | ice of Business | 2a. Mailing Address | | | 4. FEI Number | | | Applied For |
| Suite, Apt. #, etc. | | Suite Apt. #. etc | Suite, Apt. #, etc. | | 59-2543048 | | · | Not Applicable Additional |
| | | 27 | | | 5. Certificate of Status Desire | ed 🔲 | | Required |
| City & State | | City & State | | | Election Campaign Finance Trust Fund Contribution | ng 🖂 | | May Be |
| Zip | Country | Zip | Countr | / | 8. This corporation has liabilit | y for intangible | e tax under s | |
| 4 | 9. Name and Address of Curre | 29 ent Registered Agent | 30 | | Florida Statutes 10. Name and Address of N | | | |
| | U. | | 81 | Name | | | | |
| POLLIT | T, EDWARD D. | | 82 | Street Addr | ress (P.O. Box Number is Not Acc | eptable) | | |
| 1308 N. PARK ROAD | | | 83 | | ITEGL ACCIESS TO SECRETARIA STATE ACCIDITION OF | | | |
| HOLLY | WOOD FL 33021 | | 83 | | | | | |
| | | | 84 | City | | F | 85 Z | p Code |
| 11. Pursuant to | a the provisions of Sections 607 050 | 22 and 607 1508. Florida Statut | es the above | named corpor | ration submits this statement for th | | | registered office. |
| or registere familiar with | o the provisions of Sections 607.050 ad agent, or both, in the State of Flo h, and accept the obligations of, Sec | rida. Such change was authoriz ction 607.0505, Florida Statutes | ed by the con s. | poration's boar | ard of directors. I hereby accept the | ne purpose of appointment | changing its r as registered | registered office I agent. I am |
| or registere familiar with SIGNATURE | ed agent, or both, in the State of Flo h, and accept the obligations of, Sei Signature, uped or printed name of registered age | rida. Such change was authoriz ction 607.0505, Florida Statutes | ed by the con | poration's boar | ard of directors. I hereby accept the | ne purpose of appointment | changing its r as registered | Jagent. I am |
| or registere familiar with SIGNATURE 12. | ed agent, or both, in the State of Flo h, and accept the obligations of, Ser Signature, typed or printed name of registered age OFFICERS AI | rida. Such change was authoriz ction 607.0505, Florida Statutes ant and title if applicable (NC | ed by the corps. S. OTE: Registered Apr | poration's boar | and of directors. I hereby accept the | ne purpose of appointment | changing its r as registered | Jagent. I am |
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| or registere familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS | ed agent, or both, in the State of Floh, and accept the obligations of, Ser Signature, typed or phrisco name of registered age OFFICERS AI DP POLLITT, EDWARD D. 1308 N. PARK ROAD | urida. Such change was authoriz ction 607.0505, Florida Statutes unt and title if applicable (NC ND DIRECTORS | DTE Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE | nt signature require | and of directors. I hereby accept the | ne purpose of appointment | changing its r as registered | Jagent. I am DRS IN 12 |
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Wife Director Michelle Pollitt 4/23/96 954-964-9085 SIGNATURE: _