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

**PROFIT CORPORATION** ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Mailing Address

**EUBANKS EXCAVATING, INC.** 

(4)

**FILED** 

Jun 16 1997 8:00am

Secretary of State

	1304 SAND RD. 1304 SAND RD. TALLAHASSEE FL 32310-8645						
					3. Date Incorporated or Qualified 12/11/1986	3a. Date of Last Report 02/08/1996	
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number	Applied For	
21		26	26		59-2057970	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip			8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statules Yes No		
		of Current Registered Agent		1 5	10. Name and Address of New Reg	Jistered Agent	
DYE, J <del>im</del> my			6	81 Name			
404 EAST SIXTH AVENUE			8:	82 Street Address (P.O. Box Number is Not Acceptable)			
TAL	LAHASSEE FL 32303				<u> </u>		
			8:	3		Ì	
			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	<del></del>						
12.	Signature, typod or printed name of re	gistored agont and title if applicable. (NO CERS AND DIRECTORS	TE: Registered A	gent signature req	juried when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	PD	DELETE	1.1 ]IILE		ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	EUBANKS, JOE	orien	1.2 NAME				
STREET ADDRESS	410 TALAFLO STREET	•		T ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		1.4 City	, i		<b>\</b>	
TITLE			2.1 TillE			Change Addition	
NAME	<u> </u>		2.2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			2. 4 City				
TITLE			3.1 TITLE	31-2"		Change Addition	
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS		1	
CITY-ST-ZIP			3 4. CHY				
TITLE			4.1 TITLE			Change Addition	
NAME			4. 2 NAM	f I		}	
STREET ADORESS	•		4.3 \$1RE	T ADDRESS			
CITY-ST-2IP			4.4 CITY -	ST-71P		•	
TITLE	<del>                                      </del>		5.1 TITLE			Change Addition	
NAME	_		5.2 NAME				
STREET ADDRESS			5.3 STREI	T ADDRESS			
CITY-ST-ZIP			5.4 CHY-				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELFTE 61				☐ Change ☐ Addition	
NAME			62 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP	·		6.4 CITY	ST-ZIP			

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

(914)576-0579