

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **J48901**

(9)

1. Corporation Name

TRI-CITY EXCAVATION, INC.

Principal Place of Business

**3345 TRI-CITY AVENUE
COCOA FL 32926**

Mailing Address

**3345 TRI-CITY AVENUE
COCOA FL 32926-5891**

3. Date Incorporated or Qualified

01/01/1987

3a. Date of Last Report

03/13/1996

4. FEI Number

59-2873308

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

Country

24.

25.

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

Country

29.

30.

9. Name and Address of Current Registered Agent

**STICKRATH, TIMOTHY J.
3345 TRI-CITY AVENUE
COCOA FL 32926**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

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

(Signature of corporation officer, director, or authorized agent and filer, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

**PVT
STICKRATH, TIMOTHY J.
9 POINT VIEW PLACE
COCOA FL**

13.

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Timothy J. Stickrath

3-11-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)