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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # K05515 (7)

1. Corporation Name
UNLIMITED FILL, INC.

Principal Place of Business	Mailing Address
% SCOTT A. CROFUT 11930 RIVER ROAD MYAKKA CITY FL 34251	% SCOTT A. CROFUT 11930 RIVER ROAD MYAKKA CITY FL 34251

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/04/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: County — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: County — 30

4. FEI Number: 65-0019039 ☐ 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

9. Name and Address of Current Registered Agent

CROFUT, SCOTT A.
11930 RIVER ROAD
MYAKKA CITY FL 34251

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 _____ (DATE: Registered Agent signature required when necessary) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	100001481341 Addition
NAME	CROFUT, SCOTT A.	12 NAME	-05/08/95--01115--005
STREET ADDRESS	11930 RIVER ROAD	13 STREET ADDRESS	****200.00 ****200.00
CITY ST ZIP	MYAKKA CITY FL	14 CITY ST ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	CROFUT, RASHELLE R.	22 NAME	
STREET ADDRESS	11930 RIVER ROAD	23 STREET ADDRESS	
CITY ST ZIP	MYAKKA CITY FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: Rashelle R Crofut — Rashelle R Crofut — 04/26/95 — (813) 378-4429
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR (Date) (Telephone Number)

0350025 CP