PROFIT CORPORATION ANNUAL REPORT 1996 DOCUMENT # K4438		FLORIDA DEPA Sandra Secret DIVISION OF	ARTMENT OF STATE as B. Morthern tarry of State	FILED
1. Corporation	N Name R & GABBERT EXCAVATING Of Business N ROAD	(-)	IC.	96 NOV -6 AM 12: 56 SECRETARY OF STATE THE PROPERTY OF STATE THE
2. Principal Pte 21 Suite, Apt. 4 22 , City & State 23		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30	11/09/1988 4. FEI Number 65-0179816 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Applied For Not Applied For App
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent L. G. MEYER, JR. 8491 BOLEYN ROAD SARASOTA FL 34240 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 SIGNATURE				
12. TITLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND OFFICERS AND SABBERT, JAMES F. 8000 IBIS ROAD SARASOTA FL		TE: Registered Agent expeture required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEYER, LEONARD G., JR. 8491 BOLEYN ROAD SARASOTA FL	☐ DELETE	1.4 CHY-SI-ZIP 2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-SI-ZIP	800002004新記り、Admin さ -11/14/9601038002 ****250.00 ****250.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE	☐ Change ☐ Addition ☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE	Change Addition
NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	. Change Addition
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)(k), 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 certify 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. SIGNATURE:				