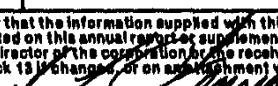


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 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 # K60639			
1. Corporation Name EAST COAST EXCAVATION INC			
Principal Place of Business 1130 DAYTONA AVENUE PO BOX 251143 HOLLY HILL, FL 32125		Mailing Address 1130 DAYTONA AVENUE HOLLY HILL, FL 32117	
2. Principal Place of Business 21 595 NORTH NOVA ROAD Suite, Apt. #, etc. 22 SUITE 1070 City & State 23 ORMOND BEACH Zip 24 32174 Country 25 US		2a. Mailing Address 26 PO BOX 251225 Suite, Apt. #, etc. 27 City & State 28 HOLLY HILL Zip 29 32125 Country 30 US	
3. Date Incorporated or Qualified 01/25/89		3a. Date of Last Report 01/31/96	
4. FEI Number 59-2935940		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing ☐		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent FENNELL, TIMOTHY A 1130 DAYTONA AVENUE HOLLY HILL, FL 32117		10. Name and Address of New Registered Agent 61 Name (CHANGE OF ADDRESS) 62 Street Address (P.O. Box Number is Not Acceptable) 5839 JOHN ANDERSON HIGHWAY 63 64 City FLAGLER BEACH FL 65 Zip Code 32136	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT ☐ DELETE NAME FENNELL, TIMOTHY A STREET ADDRESS 1130 DAYTONA AVENUE CITY-ST-ZIP HOLLY HILL, FLORIDA	1.1 TITLE ☒ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 5839 JOHN ANDERSON HIGHWAY 1.4 CITY-ST-ZIP FLAGLER BEACH, FL 32136		
TITLE VICE PRESIDENT ☐ DELETE NAME WAINIO, WAYNE P STREET ADDRESS 1512 S RIVERSIDE DRIVE CITY-ST-ZIP NEW SYMRNA BEACH, FLORIDA	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE SEC/TREASURER ☐ DELETE NAME FENNELL, PAIGE E STREET ADDRESS 1130 DAYTONA AVENUE CITY-ST-ZIP HOLLY HILL, FLORIDA	3.1 TITLE ☒ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 5839 JOHN ANDERSON HIGHWAY 3.4 CITY-ST-ZIP FLAGLER BEACH, FL 32136		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 000002185890 6.4 CITY-ST-ZIP -05/21/97--01003--021 ***165.00		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.			
SIGNATURE: 		PRESIDENT 05/01/97 (904) 677-9905	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	