FILED
May 09 1997 8:00am
Secretary of State

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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

3. Date Incorporated or Qualified: 01/25/89
3a. Date of Last Report: 01/31/96

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

4. FEI Number: 59-2935940 ☐ 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

FENNELL, TIMOTHY A
1130 DAYTONA AVENUE
HOLLY HILL, FL 32117

10. Name and Address of New Registered Agent

91 Name: (CHANGE OF ADDRESS)
92 Street Address (P.O. Box Number is Not Acceptable): 5839 JOHN ANDERSON HIGHWAY
93
94 City: FLAGLER BEACH FL 95 Zip Code: 32136

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, 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	1.1 TITLE	☒ Change ☐ Addition
NAME	FENNELL, TIMOTHY A		1.2 NAME	
STREET ADDRESS	1130 DAYTONA AVENUE		1.3 STREET ADDRESS	5839 JOHN ANDERSON HIGHWAY
CITY-ST-ZIP	HOLLY HILL, FLORIDA		1.4 CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WAINIO, WAYNE P		2.2 NAME	
STREET ADDRESS	1512 S RIVERSIDE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SYMRNA BEACH, FLORIDA		2.4 CITY-ST-ZIP	
TITLE	SEC/TREASURER	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	FENNELL, PAIGE E		3.2 NAME	
STREET ADDRESS	1130 DAYTONA AVENUE		3.3 STREET ADDRESS	5839 JOHN ANDERSON HIGHWAY
CITY-ST-ZIP	HOLLY HILL, FLORIDA		3.4 CITY-ST-ZIP	FLAGLER BEACH, FL 32136
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	000002185890
STREET ADDRESS			6.3 STREET ADDRESS	-05/21/97--01003--021
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***165.00

ac 5/9

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.

SIGNATURE: _____ PRESIDENT 05/01/97 (904) 677-9905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CS1 Form Annual Report (Rev. 5-96)