Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

ORMOND BEACH FL 32175-0607

P. O. BOX 607

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K60639

Principal Place of Business

595 NORTH NOVA ROAD

SUITE 1079 1075 ORMOND BEACH FL 32174

Suite, Apt. #, etc.

2. Principal Place of Business

EAST COAST EXCAVATION INC.

5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country This corporation owes the current year Intangible Personal Property Tax. Yes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FENNELL, TIMOTHY A. 82 Street Address (P.O. Box Number is Not Acceptable) 5839 JOHN ANDERSON HWY FLGLER BEACH FL 32136 83 84 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD ☐ DELETE Change TITLE 1.1 TITLE FENNELL, TIMOTHY A. NAME 1.2 NAME 5839 JOHN ANDERSON HIGHWAY 1.3 STREET ADDRESS STREET ADDRES FLGLER BEACH FL 32136 1.4 CITY-ST-ZIP CITY-ST-ZIP COFFEE TITLE ٧D 2.1 TITLE ☐ Change ☐ Addition WAINIO, WAYNE P. 2.2 NAME 1512 S RIVERSIDE DR STREET ADORES 2.3 STREET ADDRESS **NEW SMYRNA BCH FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE πιΕ STD 3.1 TITLE ☐ Change ☐ Addition FENNELL, PAIGE E. NAME 3.2 NAME 5839 JOHN ANDERSON HIGHWAY STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIF FLGLER BEACH FL 32136 3.4. CITY-ST-ZIF DELETE TITLE 4.1 TITLE □ Change ☐ Addition NAME 4. 2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

54 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: >

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

πLE

NAME

TITLE

NAME

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

14. I hereby certify that the information supplied with this filling 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 trustre employered 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 an attachment with an address, with all other like empowered.

☐ Change

Change

Applied For

\$8.75 Additional

Not Applicable

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90028 015 ***158.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/25/1989

4. FEI Number 59-2935940

CR2E034 (11/98)

☐ Addition

Addition