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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L31111

1. Corporation						ļ					
EASY GO	DING EXCAVATION, INC.					1		181 1181 81811 818		19 0 01 0 1 0 1 0 1 0 1 1 1	
Principal Place	of Business	Mailing Address					<u> </u>	IBI INDI BIBNI BIB	III Afeli olaif o	(16)1 3 1311 1891	
10230 BAYSHORE RD 10230 BAYSHORE RD						-					
FORT MYERS FL 33917 FORT MYERS FL 33917							DO NOT INDI	TE IN THIS (CDACE		
						-	DO NOT WRIT 3. Date Incorporated or Qualifed	IE IN THIS S	SPACE		
						- 1	11/17/1989			}	
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number		Apı	plied For	
21		26			. [.	65-0164900		Not	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			-	5. Certifcate of Status Desired		\$ 8.75 A Fee Re		
City & State	9	City & State					6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip	·				8. This corporation owes the current year Intangible				
24	25 29 30		30				Personal Property Tax. ⊠Yes □No 10. Name and Address of New Registered Agent				
	9. Name and Address of Currer	nt Registered Agent		81	Name		19. Name and Address of New N	egistereu A	gent		
CRE\	WS, DONALD W.						· · · · · · · · · · · · · · · · · · ·				
	O BAYSHORE ROAD		82 Stree			Address	(P.O. Box Number is Not Accepta	ıble)			
FOR	T MYERS FL 33917		83				. •				
				84	City				85 Zip C	Code	
								<u> </u>	<u> </u>	intornal	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	int Florida. Such change was a	umonzea	DV I	ine corbo	corpora oration's	board of directors. I hereby accep	t the appoin	tment as reg	gistered	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					signature re	equired wh	en reinstating) ADDITIONS/CHANGES TO OF	DATE	DIRECTO		
12.		OFFICERS AND DIRECTORS DELETE			13.		ADDITIONS/CHANGES TO OF	FIGERS AND	☐ Change	Addition	
TITLE	PD CREWS, DONALD W.									_	
NAME STREET ADDRESS	J			1.3 STREET ADDRESS							
CITY-ST-ZIP	FORT MYERS FL			14 CITY-ST-ZIP							
TITLE	VD			TITLE			☐ Change	☐ Addition			
NAME	CREWS, PATSY C.	WS. PATSY C.		NAME ;		1					
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		2.3 ST	2.3 STREET ADDRESS							
CITY-ST-ZIP	FORT MYERS FL 2		2. 4 CI	2. 4 CITY-ST-ZIP							
TITLE	ST	⊠ , DELETE 3				10:			☐ Change	Addition	
NAME	CREWS, PATSY C.			3.2 NAME		Rus	574 W. CREWS	_			
STREET ADORESS	TO COO DATE OF THE TIES			3.3 STREET ADDRESS \		10:	130 BAYSHORE RI)			
CITY-ST-ZIP	FORT MYERS FL	ORT MYERS FL 3.4		3.4. CITY-ST-ZIP F		FOR	T MYORS, FL.		☐ Change	Addition	
TITLE									☐ Change		
NAME			4.2 N		**************************************						
STREET ADDRESS					ADDRESS						
CITY-ST-ZiP			4.4 CF 5.1 TIT		1-ZIP	1		·	Change	Addition	
TITLE NAME		- Develo	5.2 NA							}	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 CF	TY-ST	-ZIP						
TITLE				LΕ					Change	☐ Addition	
NAME			6.2 NA	ME						1	
STREET ADDRESS			6.3 ST	REET	ADDRESS						

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90156 050 ***150.00