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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # M67804

(8)

BOB GAILEY EXCAVATING, INC.

lo

Principal Place of Business	Mailing Address
O BOX #620	P O BOX #620
CLARCONA FL 32710-7620	CLARCONA FL 32710-062

FILED May 14 1997 8:00am Secretary of State



						3. Date Incorporated o 02/10/1988	r Qualified	1	te of Last F	teport
2. Principal P	lace of Business		ig Address			4. FEI Number				oplied For
21 7904	+ N. Ovange Dlos	Soman				59-2868592				ot Applicable
Sulte, Apt.			Apt. #, etc.					П		Additional
22		27				5. Certificate of Status	Desired	LJ		equired
Cites State	θ 💮		State			6. Election Campaign F	inancing		\$5.00	May Be
23 / ()	ando th	28				Trust Fund Contribut	_			to Fees
	Country	Zip		Countr	v	8. This corporation has				
24 Zip 3 2_5	810 25 11.S.A	29		30	•	Florida Statutes		<i>•</i> ~] No	. 100.002.,
	9. Name and Address of Cu		Agent	1991		10. Name and Address				
POD	DENBERRY, H.C.			81	Name					
					<u> </u>					
	LEE ROAD, STE 214			82	Street Ac	ldress (P.O. Box Number is N	ol Acceptab	le)		
ORL	ANDO FL 32810			-	4					
				83	<u>'</u>					
				84	City				85 Zip	Code
					1 0,			FL	100	0000
11. Pursuant	to the provisions of Sections 607. egistered agent, or both, in the S	0502 and 607.150	8, Florida Statute	es, the abov	e-named co	orporation submits this statem	ent for the p	urpose of	changing i	ts registered
office or r	registered agent, or both, in the S im familiar with, and accept the oil	tate of Florida, Su bligations of Soct	ch change was a ion 607 0505. File	authorized b orida Statuto	y the corpo	ration's board of directors. I h	ereby accep	of the appoint	pintment as	registered
•	in tarma with and docopt the or	Digitions of occi	0.1 007,0000, 110	one orange						
SIGNATURE	Signature, typed or printed name of registeres	d agent and little if applic	sble. (NOTE	Hugistetet Ad	ent sionature re	quired when reinstating)		DATE.		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGE	S TO OFFIC		DIRECTOR	RS IN 12
TITLE	D									Addition
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	. –		DELETE	1.1 TITLE					Change	
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4. 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 amount 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 objection 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 Blod 13 if chart led, ogon an attachment with an address.

CICNATUDE.

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all (407) >98-37