

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Markham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M74509** (4)
1. Corporation Name
ALPHA EXCAVATING & EQUIPMENT RENTAL, INC.



Principal Place of Business: **P. O. BOX 866 THONOTOSASSA FL 33592**
Mailing Address: **P. O. BOX 866 THONOTOSASSA FL 33592**

3. Date Incorporated or Qualified: **03/30/1988**
3a. Date of Last Report: **06/26/1995**
4. FEI Number: **59-2893378**
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. 196.037, Florida Statutes: Yes No

2. Principal Place of Business: 21 []
2a. Mailing Address: 26 []
22 State, Apt. #, etc.: 27 []
23 City & State: 28 []
24 Zip: 25 [] County: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent:
**MARTIN, KATHERINE C.
9210 FRANKLIN RD.
THONOTOSASSA FL 33592**
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 []
84 City:
85 Zip Code: **FL**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation makes the 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, the corporation's sole member, or the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	MARTIN, KATHERINE C.	
STREET ADDRESS	9210 FRANKLIN RD.	
CITY-STATE-ZIP	THONOTOSASSA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTIN, GINGER E.	
STREET ADDRESS	9210 FRANKLIN RD.	
CITY-STATE-ZIP	THONOTOSASSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is true and correct, and does not constitute the exception stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct, 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 assignee 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 attached sheet as in a block.

SIGNATURE: *[Signature]* 4/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Katherine C. Martin, President**

CR2E034 (12/95)