SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:41

DOCUMENT # **P36709** **(4)**

1. Corporation Name
INDEPENDENCE EXCAVATING, INC.

Principal Place of Business	Mailing Address
5720 SCHAAF ROAD INDEPENDENCE OH 44131	5720 SCHAAF ROAD INDEPENDENCE OH 44131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/12/1991**
3a. Date of Last Report: **08/09/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. # etc. (22) / Suite, Apt. # etc. (27)
City & State (23) / City & State (28)
(24) (25) (29) (30)

4. FEI Number: **34-0938274** — 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. Does corporation owe any back taxes to the State of Florida? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SASALA, CARRIE LYNN
730 ROOSEVELT PLAZA
TAMPA FL 33605

10. Name and Address of New Registered Agent

(81) Name
(82) Street Address (P.O. Box Number is Not Acceptable)
(83)
(84) City **FL** (85) Zip Code

11. Pursuant to the provisions of Section 607.1505, 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. The 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 607.325, Florida Statutes.

(signature)

12. OFFICER AND DIRECTOR NAMES

P DIGERONIMO, VICTOR 5720 SCHAAF ROAD INDEPENDENCE OH	
V DIGERONIMO, RICHARD 5720 SCHAAF ROAD INDEPENDENCE OH	
S DIGERONIMO, ROBERT 5720 SCHAAF ROAD INDEPENDENCE OH	

13. ☐ Change ☐ Add/Delete

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: X Edwin J. Butler CONTROLLER 6-26-95 216-524-1700
(SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
Edwin J. Butler

CR2E034 (3/95)

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