FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 21 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000009101 (6)

1. Corporation Name
DIRT MOVERS OF AMERICA, INC.

Principal Place of Business	Mailing Address
4131 FIFTH AVE. S.W. NAPLES FL 33999	4131 FIFTH AVE. S.W. NAPLES FL 33999

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1992
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business
21: 5425 C.R. 951 S.
22: Suite, Apt. #, etc.
23: Naples, FL
24: Zip 33961
25: Country

2a. Mailing Address
26: P.O. Box 990070
27: Suite, Apt. #, etc.
28: Naples FL
29: Zip 33999-0070
30: Country

4. FEI Number: 65-0377160 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANIUS, P/E
4131 FIFTH AVE. S.W.
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name: Patricia A. Ison
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5425 C.R. 951 S.
84 City: Naples FL 85 Zip Code: 33961

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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Patricia A. Ison — Patricia A. Ison, D/S/T — 3-15-95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	BELL, RICKY L	1.2 NAME		
STREET ADDRESS	4131 5TH AVE. S.W.	1.3 STREET ADDRESS	5425 C.R. 951 S.	
CITY-ST-ZIP	NAPLES FL 33999	1.4 CITY-ST-ZIP	Naples FL 33961	
TITLE	DVS	2.1 TITLE		☒ Change ☐ Addition
NAME	BOWMAN, TONY D	2.2 NAME		
STREET ADDRESS	4131 5TH AVE. S.W.	2.3 STREET ADDRESS	5425 C.R. 951 S.	
CITY-ST-ZIP	NAPLES FL 33999	2.4 CITY-ST-ZIP	Naples FL 33961	
TITLE	DST	3.1 TITLE		☒ Change ☐ Addition
NAME	LANIUS, P/E	3.2 NAME		
STREET ADDRESS	4131 5TH AVE. S.W.	3.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	NAPLES FL 33999	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	D/S/T	☐ Change ☒ Addition
NAME		4.2 NAME	Patricia A. Ison	
STREET ADDRESS		4.3 STREET ADDRESS	5425 C.R. 951 S.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples FL 33961	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X Ricky L. Bell — 3.15.95 — 813-732-6036
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0338600 CR