

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000022303 (0)

1. Corporation Name

ENDRES LAND CLEARING & FILL INC.



Principal Place of Business

17473 FUSCHIA RD.
FT. MYERS FL 33912

Mailing Address

17473 FUSCHIA RD.
FT. MYERS FL 33912

3. Date Incorporated or Qualified
03/22/1993

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0398874

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

10. Name and Address of New Registered Agent

ENDRES, SUE
17473 FUSCHIA RD.
FT. MYERS FL 33912

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

SIGNATURE

Signature, typed or printed name of registered agent and beneficial applicability

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11	12	13
11.1 TITLE	D ENDRES, JOHN 17473 FUSCHIA RD. FT. MYERS FL 33912	<input type="checkbox"/> DELETE
11.2 NAME		
11.3 STREET ADDRESS		
11.4 CITY - ST - ZIP		
12.1 TITLE	D ENDRES, SUE 17473 FUSCHIA RD. FT. MYERS FL 33912	<input type="checkbox"/> DELETE
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY - ST - ZIP		
13.1 TITLE		<input type="checkbox"/> DELETE
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY - ST - ZIP		
14.1 TITLE		<input type="checkbox"/> DELETE
14.2 NAME		
14.3 STREET ADDRESS		
14.4 CITY - ST - ZIP		
15.1 TITLE		<input type="checkbox"/> DELETE
15.2 NAME		
15.3 STREET ADDRESS		
15.4 CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	12	13
11.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME		
11.3 STREET ADDRESS		
11.4 CITY - ST - ZIP		
12.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY - ST - ZIP		
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY - ST - ZIP		
14.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.2 NAME		
14.3 STREET ADDRESS		
14.4 CITY - ST - ZIP		
15.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15.2 NAME		
15.3 STREET ADDRESS		
15.4 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)(k), 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:

Sue M. Endres Sue M. Endres 3/16/95 941-267-3034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)