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

DOCUMENT # P93000079162 (2)

POP'S EXCAVATING INC.

ncipal Place of Business	Mailing Address
D DELTONA BLVD.	2490 DELTONA BLVD.
Hing Hill Fl 34606	Spring Hill Fl 34606-3232

FILED Mar 14 1997 8:00am Secretary of State



2490 DELTONA BLVD. SPRING HILL FL 34606		2490 DELTONA BLVD. SPRING HILL FL 34606-3232				
					3. Date Incorporated or Qualified 11/12/1993	3a. Date of Last Report 04/01/1996
2. Principal F 21	Place of Business	28. Mailing Address 26			4. FEI Number 59-3214485	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & Sta	te	Cily & State	-		£ Florion Compaign Figureina	Fee Required
23		28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip Country 30			8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes ✓ Yes ☐ No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	• • • • • • • • • • • • • • • • • • • •
	WERS, JOHN SR.		Ţ•	Name	The state of the s	
	0 DELTONA BLVD. NING HILL FL 34606		Ī	Street Add	dress (P.O. Box Number is Not Acceptable	e)
			į	33		
			1	34 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida St	atutes, the ab	L eve-named cor	poration submits this statement for the pr	
agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obt	ue of Florida. Such change w igations of, Section 607.0505	as authorized , Florida Statu	by the corpora les.	ation's board of directors. Thereby accep	the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered a OFFICERS A	MD DIRECTORS	NOTE High-fered	Agent signature requ	ired when reinstaing) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
TITLE	PVP	DELETE	1.1 101	-		Change Addition
NAME	JOHN POWERS JR		1.2 NAM	r		
STREET ADDRESS	2490 DELTOMA BLVD		1.3 SJR	E1 ADDRESS		
CITY-ST-ZIP	SPRING HILL FL	T noon		\$1-7IP		
TITLE NAME		L. DELFTE	2.1 TB. 2.2 NAM	1		Change Addition
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP			1	ST ZIP		
TITLE		L. Drifte	3 1 1011			Change Addition
NAME			3.2 NAV			· -
STREET ADDRESS			3 3 SIR	ADDRESS		
CITY-ST-ZIP			3 4, Ci1	—		
TITLE		☐ DELETE	4.1 1116			☐ Change ☐ Addition
NAME STREET ADDRESS			4, 2 NA 4 3 S16	mantee		
STREET ADDRESS CITY-ST-ZIP			4.4 CITS	DORESS ZIP		
TITLE		DELETE	5 1 1/1	*		Change Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STRE	DDRESS		
CITY-ST-ZIP			5.4 OITY			
TITLE		☐ DELETE	(at Drive	T		Charige Addition
NAME			E?NAM	1		
STREET ADDRESS				EDODRESS		
CITY-ST-ZIP			6.4 City	SF-7IP		

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chapter 6, or on an attachment with an address.