

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. McArthur
Secretary of State
P.O. BOX 1000, TALLAHASSEE, FL 32304

**APPROVED
AND
FILED**

95 MAY 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087233 (1)

To: Corporation Name

ACTION EXCAVATING, INC.

(DO NOT WRITE IN THIS SPACE)

Principal Place of Business: **3420 WESTVIEW DR
NAPLES FL 33940**
Mailing Address: **3420 WESTVIEW DR.
NAPLES FL 33940**

3. Date Incorporated (or Chartered): **12/21/1993**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business: **1773 KNIGHT'S COURT**
2a. Mailing Address: **1773 KNIGHT'S COURT**
2b. Suite, Apt. # etc.:
2c. City & State: **NAPLES, FL**
2d. Zip: **33962**
2e. Country: **USA**

4. FEI Number: **65-0456068**
Applied For: ☐ Not Applicable: ☐

5. Certificate of Status Debited: ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for interjurisdictional tax under 5. 1993 U.S. Florida Statutes: ☒ Yes ☐ No

21. **1773 KNIGHT'S COURT**
22. **NAPLES, FL**
23. **33962**
24. **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIEBERFARB, STANLEY J
801 12TH AVE. SOUTH
NAPLES FL 33940**

81. Name: **ROBERT MCCARTHY, JR.**
82. Street Address (P.O. Box Number is Not Acceptable): **1773 KNIGHT'S COURT**
83. City: **NAPLES**
84. State: **FL**
85. Zip Code: **33962**

11. Pursuant to the provisions of Sections 607.01(5) and 607.10(1) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this 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 607.01(5) Florida Statutes.

SIGNATURE: *Robert McCarthy Jr* X 5-5-95

12. OFFICERS AND DIRECTORS

1. NAME: D	1. NAME: D, P
2. STREET ADDRESS: THRELKELD, THOMAS L	2. STREET ADDRESS: ROBERT MCCARTHY, JR.
3. CITY: 421 RIDGE DR.	3. CITY: 1773 KNIGHT'S COURT
4. STATE: NAPLES FL 33963	4. STATE: NAPLES, FL 33962
5. NAME:	5. NAME:
6. STREET ADDRESS:	6. STREET ADDRESS:
7. CITY:	7. CITY:
8. STATE:	8. STATE:
9. NAME:	9. NAME:
10. STREET ADDRESS:	10. STREET ADDRESS:
11. CITY:	11. CITY:
12. STATE:	12. STATE:
13. NAME:	13. NAME:
14. STREET ADDRESS:	14. STREET ADDRESS:
15. CITY:	15. CITY:
16. STATE:	16. STATE:
17. NAME:	17. NAME:
18. STREET ADDRESS:	18. STREET ADDRESS:
19. CITY:	19. CITY:
20. STATE:	20. STATE:

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(5)(a) 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. I am an officer or director of the corporation or the secretary or transfer agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document or on an attachment with my address.

SIGNATURE: *Robert McCarthy Jr* **ROBERT MCCARTHY JR** 5/5/95 (813) 774-2675