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

PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DE PARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

P93000087233 (1)

ACTION EXCAVATING, INC.

| Principal Place | e of Business | Mailing Address | | | I INECIES IN TOTAL HICE STATE AND | 41 24111 48181 19111 19814 4194 | • 144 0 ¥ 494 4001 | |
|----------------------------|--|---|--------------------------------------|----------------|--|--|--------------------------------|--|
| 1773 KNIG NAPLES FI | | 1773 KNIGHT'S CT NAPLES FL 33962 | | | | | | |
| US | | US | | | 3. Date Incorporated or Qualified 12/21/1993 | 3a. Date of Last Rep 05/11/199 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number | ذاء باست بنظ | oplied for | |
| 21 | | 26 | | | 65-0456068 | مناج بلايتنا بيتنا | ot Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 27 | | 5. Certificate of Status Desired | Fee Re | \$8.75 Additional Fee Required | |
| City & State | | City & State | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip | Country | Zip | Country | | 8. This corporation has liability for i | | 99.032, | |
| 24 | 25 | [29] | 30 | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | |
| | 9. Name and Address of Curr | ent Registered Agent | | Name | 10. Name and Address of New H | egistered Agent | | |
| 1773 | rthy, robert Jr Knight's Ct Es Fl 33962 | | 82 83 84 | Street Addr | ess (P.O. Box Number is Not Acceptal | | Code | |
| or register | to the provisions of Sections 607.05 red agent, or both, in the State of Firth, and accept the obligations of, So Signature, typic or protect name of registers a. | orida. Such change was authori ection 607.0505, Florida Statute: | zed by the corpo | oration's boar | ation submits this statement for the purific of directors. Thereby accept the application is stating | pose of changing its reg pintment as registered a | gistered office igent. I am | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTOR | S IN 12 | |
| ¹ It i | DP | DP DELFTE | | 1 | | Change | ncitibbA 🔲 | |
| NAME: | MCCARTHY, ROBERT JR | | 1.2 NAME | | | | | |
| STREET ADDRESS | 1773 KNIGHT'S CT | | 1.3 S*HEHT | ADORESS | | | | |
| CITY-ST-Z-P | NAPLES FL | | 1.4 C(T+-S) | - ZIF | , | | | |
| 1 TLF | | DELETE | 2 1 TIFLE | | | ☐ Change | Add-tion | |
| NAME: | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 23 STREET | | | | | |
| C :TY - ST - ZIP | | (*) DEVET | 2 4 CH y - S1 | - 205 | | ☐ Change | Add tion | |
| TITLE | | DELETE | 3 1 TITLE 3 2 NAME | | | □ cumige | Add-soll | |
| NAME | | | 3.3 S1881 | Animacse | | | | |
| STREET ADDRESS | | | 34 SILY-SI | | | | | |
| CITY-ST-ZIP TITLE | | [] DELETE | 4 1 11111 | | | [] Change | Addition | |
| NAME | | | 4.2 NAME | ł | | _ | _ | |
| STHEEL ADDRESS | | | 4.3 ST-EFT | ADORESS | | | | |
| CITY-ST-ZIP | | | 4.4.CiTx - S | - ZiF | | | | |
| 107; £ | | DELF1E | 5 1 Tales | 1. | | Change | ☐ Addition | |
| MAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | | |
| CITY-SI-ZIF | | | 5.4.0117 - 81 | 1-7# | | | | |
| TITLE | | ☐ DELET€ | 6 1 THUE | | | ☐ Change | ☐ Addition | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 63STHEE! | ADDRESS | | | | |
| CHY+S1+7IF | | | 64 CI1Y - S | | en e | and the street of the second | | |
| certify that oath: that | at the information indicated on this a | nnual report or supplemental ani rporation or the receiver or trusti | nual report is tru ec empowered t | e and accura | or the exemption stated in Section 119 ste and that my signature shall have the s report as required by Chapter 607, H | same legal effect as if r | made under | |

SIGNATURE: Start WM Cuth L Robert W McCarthy Jr 4-2-96 (941)774-2675