## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** PROFIT FLORIDA DEPARTMENT OF STATE Feb 05 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name P93000087233 (1) ACTION EXCAVATING, INC. Principal Place of Business Mailing Address 1773 KNIGHTS CT 1773 KNIGHT'S CT NAPLES FL 33962 NAPLES FL 33962 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 12/21/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 1773 KNIGHTS 65-0456068 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 30 25 Personal Property Tax due June 30. \_\_\_ Yes 9. Name and Address of Current Registered 10. Name and Address of New Registered Agent 81 Name MCCARTHY, ROBERT JR 1773 KNIGHT'S CT Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33962 34112 83 84 City 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, typed or printed name of registered agent and title if applicable edistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE Change Addition 1.1 TITLE NAME MCCARTHY, ROBERT JR 1.2 NAME 1773 KNIGHT'S CT STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 1,4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE Channe Addition 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE TITLE Change 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 13 if charged, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE: \ \ \ \ Mot n M Coth Fe UIRED

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITES

NAME

1-28-98

1941) 774-2675

Change

☐ Addition

**CR2E034**