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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000087233

1. Corporation Name

STREET ADDRESS

ACTION EYEAVATING INC

| ACTION | EXCAVATING, INC. | | | | ; | | | | |
|---|--|--|----------------|----------------|--|---|--------------------|-------------|--|
| Principal Place | -f Dunings | Mailing Address | | | | i (es il at i) (id ibises liili) deili seili seili | | | |
| | | - | | | - | | | | |
| 1773 KNIGHT'S CT 1773 KNIGHT'S CT NAPLES FL 34112 NAPLES FL 34112 | | | t | | | | | | |
| US US | | | | | | DO NOT WRITE IN | THIS SPACE | _ | |
| | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | 12/21/1993 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | • | | | 4. FEI Number | Apr | olied For | |
| 21 26 | | | | | | 65-0456068 | | Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | \$8.75 A | | |
| 27 | | | | | | <u> </u> | Fee Rec | | |
| City & State | e | City & State | | | | 6. Election Campaign Financing | \$5.00 | · | |
| 23 | | 28 | | | | Trust Fund Contribution | Added to | o Fees | |
| Zip | Country | Zip — | Country | | | 8. This corporation owes the current year. | | п., | |
| 24 | 25 | 29 30 | 0 | | | Personal Property Tax. | | □No | |
| | 9. Name and Address of Curre | nt Registered Agent | 81 | Maria | | 10. Name and Address of New Regis | tered Agent | | |
| MCC | ADTUV DOREDT ID | | 81 | Name | | | | _ | |
| MCCARTHY, ROBERT JR 1773 KNIGHT'S CT | | | | Street / | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| NAPLES FL 33962 | | | | | | | | | |
| INAPI | LES PL 33902 | | 83 | | | | | | |
| | | | 84 | City | | · · · · · · · · · · · · · · · · · · · | FL 85 Zip C | ode | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a | | | | named | cornor | ation submits this statement for the num | | registered | |
| . office or r | egistered agent, or both, in the State m familiar with, and accept the obligi | of Florida, Such change was auth | nonzed by | the como | oration' | s board of directors. I hereby accept the | appointment as reg | gistered | |
| SIGNATURE | Signature, typed or printed name of registered agr | ant and title if applicable. (NOTE: Re | egistered Agen | t signature re | equired w | hen reinstating) Di | ATE | | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTO | RS IN 12 | |
| TITLE | DP | ☐ DELETE | 1.1 TITLE | | 1 | | ☐ Change | ☐ Addition | |
| NAME | MCCARTHY, ROBERT JR | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 1773 KNIGHT'S CT | | 13 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | NAPLES FL | | 1.4 CITY-ST | r-ZIP | | | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ٧- | P | ☐ Change | Addition | |
| NAME | | | 2.2 NAME | l | He | ERMINIO MORAI | LES | l | |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | 2/ | 12 415 TENPACE | 5W | | |
| CITY-ST-ZIP | | | 2, 4 CITY-S | T-ZIP | Na | RMINIO MORAI 12 415 Terrace 1/105, Fl. 3411 | 6 | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | · | ☐ Change | ☐ Addition | |
| NAME | | | 32 NAME | | | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-S | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | ☐ Change | Addition : | |
| NAME | | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | ٠. | | 4.4 CITY-S | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | Change | Addition . | |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | • | 5.4 CITY-S | T- ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | _ | | ☐ Change | ☐ Addition | |
| NAME | | | 6.2 NAME | + | | | | i | |
| | | | e a expers | ADDRESS | | | | | |

14. I 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 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, with all other like empowered. CITY-ST-ZIP

941-774-2675