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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000066386 (1)**

1. Corporation Name
FLORIDA DIRECTIONAL BORING, EQUIPMENT, & SUPPLIES, INC.

Principal Place of Business	Mailing Address
5900 W LINEBAUGH AVE TAMPA FL 33625	5900 W LINEBAUGH AVE TAMPA FL 33625-5642

3. Date Incorporated or Qualified: **09/06/1994**
3a. Date of Last Report: **01/23/1996**

2. Principal Place of Business (21) / Suite, Apt. #, etc (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **59-3283541** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWARTZ, RONALD R
610 W WATERS AVE
SUITE J
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name: Swartz, Ronald R.
82 Street Address (P.O. Box Number is Not Acceptable): 18045 Jorene Road
83
84 City: Odessa **FL** 85 Zip Code: 33556

11. Pursuant to the provisions of Sections 607.0202 and 607.1008, 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 _____ 1-10-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPIVEY, STEVE		1.2 NAME	
STREET ADDRESS	28315 SONNY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SPIVEY, SANDRA L		2.2 NAME	
STREET ADDRESS	8212 COPELAND RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33566		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SPIVEY, VERLYN E		3.2 NAME	
STREET ADDRESS	8212 COPELAND RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SPIVEY, TIM M		4.2 NAME	
STREET ADDRESS	14521 BOLAND AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34610		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. 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 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.

SIGNATURE: Steve E. Spivey REQUIRED 1/6/98 585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #