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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000066386**

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

Principal Place of Business	Mailing Address
13338 INTERLAKEN ROAD ODESSA FL 33556	13338 INTERLAKEN ROAD ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/06/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SWARTZ, RONALD R
18045 JORENE ROAD
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D, President	☒ Change ☐ Addition
NAME	SPIVEY, STEVE		1.2 NAME	Spivey, Steve	
STREET ADDRESS	28315 SONNY DRIVE		1.3 STREET ADDRESS	28315 Sonny Drive	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		1.4 CITY-ST-ZIP	Wesley Chapel, FL 33544	
TITLE	ST	☐ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	SPIVEY, SANDRA L		2.2 NAME	Daniel E. Spivey	
STREET ADDRESS	8212 COPELAND RD.		2.3 STREET ADDRESS	13019 Royal George Avenue	
CITY-ST-ZIP	ODESSA FL 33566		2.4 CITY-ST-ZIP	Odessa, FL 33556	
TITLE	VP	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	SPIVEY, VERLYN E		3.2 NAME	Spivey, Verlyn E.	
STREET ADDRESS	8212 COPELAND RD.		3.3 STREET ADDRESS	5852 S. Garcia Rd	
CITY-ST-ZIP	ODESSA FL 33556		3.4 CITY-ST-ZIP	Homosassa, FL 34448	
TITLE	VP	☐ DELETE	4.1 TITLE	ST	☒ Change ☐ Addition
NAME	SPIVEY, TIM M		4.2 NAME	Spivey, Sandra L	
STREET ADDRESS	14521 BOLAND AVE.		4.3 STREET ADDRESS	5852 S. Garcia Rd	
CITY-ST-ZIP	SPRING HILL FL 34610		4.4 CITY-ST-ZIP	Homosassa, FL 34448	
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SPIVEY, JIM V		5.2 NAME		
STREET ADDRESS	14315 WADSWORTH DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAZAR, COLETTE S		6.2 NAME		
STREET ADDRESS	3324 HAYSTACK RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS FL 33543		6.4 CITY-ST-ZIP		

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.

SIGNATURE: Colette Lazar SIGNATURE REQUIRED 3/16/99 813-926-3698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)