## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400085924 (6)

HERMINIO MORALES EXCAVATING SERVICE, INC.

Principal Place of Business Mailing Address										8(6) (8)8: 8	4110 10110 11055	4 A   0   1 D D	
2112 418T TERRACE SW NAPLES FL				2112 41ST TERRACE SW NAPLES FL 34116-6516									
								3. Date Incorporated or Quali 11/22/1994	fied		te of Last F 1/1996	Report	
2. Principal Place of Business				2a. Mailing Address 26				4. FEI Number Applied For 65-0554000 Not Applicable					ole
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required						
City & State				City & State				6. Election Campaign Financing \$5.00 May Be					
23				28				Trust Fund Contribution Added to Fees					
	Zip Country			Zip Country				8. This corporation has liability for intangible tax under s. 199.032,					
24	25 9, Name and Address of Current			29 30			Florida Statutes Yes No						
01114		***************************************	nt Hegiste	ered Agent		81	NI	10. Name and Address of Ne	w Reg	istered /	lgent		
	MAKE, JIM I					וים	Name						
3301 davis blvd. Ste. 205 Naples Fl						82	Street Add	eet Address (P.O. Box Number is Not Acceptable)					
						63							
						84	City			FL	1 '	Code	
11. Pursuant office or a agent. I a	to the provision registered ago am familiar wit	ons of Sections 607.05 ent, or both, in the Stat th, and accept the obli	02 and 60 o of Florida gations of	7.1508, Florida Statu a. Such change was Section 607.0505, Fl	tos, the ab authorized lorida Statu	ove thy ites	e-named corp the corpora s.	poration submits this statement for tion's board of directors. I hereby a	the pu	rpose of the appo	changing i pintment as	ts registere registered	) 
SIGNATURE	Signature, typed	or printed name of registered a	ocht and litte if	applicable (NC)	It Buoistered	Age	ct s quature requi	ited when reinstating)		DATE			
12.		OFFICERS AL			13.			ADDITIONS/CHANGES TO	DEFICE		DIRECTO	BS IN 12	
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14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4). 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 trusted 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