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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P95000012845 (0)

SUNCOAST EXCAVATING SERVICES, INC.

Principal Place of Busine	ss	Mailing Address			
5726 BOCA CHICA LN BOCA RATON FL 33433		5726 BOCA CHICA LN BOCA RATON FL 33433		DO NOT WRITE	IN
				<ol> <li>Date Incorporated or Qualified</li> <li>02/13/1995</li> </ol>	
2. Principal Place of Business ,		2a, Mailing Address 26		4. FEI Number 65-0572418	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	C
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	
Zip	Country	Zip	Country	This corporation owes or has pair	d t

FILED Mar 23 1998 8:00am Secretary of State

THIS SPACE Applied For Not Applicable \$8.75 Additional ٦ Fee Required \$5.00 May Be Added to Fees the current year Intangible 30 X Yes 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GAY. JAMES A 5726 BOCA CHICA LN Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33433** 83 84 City Zip Code 85 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE D 1.1 TITLE Change Addition NAME GAY, JAMES A 1.2 NAME 5726 BOCA CHICA LN STREET ADDRESS 1.3 STREET ADDRESS **BOCA PATON FL 33433** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition TITLE DELETE 2.1 TITLE Change NAME MURPHY, PAUL 2.2 NAME 5726 BOCA CHICA LN STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33433** CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition TITLE 3.1 TITLE Change 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CiTY-ST-ZiP CITY-ST-ZIP ☐ Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition TITLE DELETE 6.1 TITLE Change NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby 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

SIGNATURE:

3/12/98 561-338-7898