

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P95000012845

1. Corporation Name

SUNCOAST EXCAVATING SERVICES, INC.

Principal Place of Business

5726 BOCA CHICA LN  
BOCA RATON FL 33433

Mailing Address

5726 BOCA CHICA LN  
BOCA RATON FL 33433

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90072 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1995

4. FEI Number

65-0572418

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

2. Principal Place of Business

21 10569 228 LANE SO  
Suite, Apt. #, etc.

2a. Mailing Address

26 10569 228 LANE SO.  
Suite, Apt. #, etc.

22 City & State

23 BOCA RATON, FL  
Zip Country

24 33428 25 U.S.A.

27 City & State

28 BOCA RATON, FL  
Zip Country

29 33428 30 U.S.A.

9. Name and Address of Current Registered Agent

GAY, JAMES A  
5726 BOCA CHICA LN  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

PAUL MURPHY

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

10569 228 LANE SO.

83

84 City

BOCA RATON

FL

85 Zip Code

33428

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 *X Paul Murphy*  
Signature, typed or printed name of registered agent and title, if applicable.

PAUL MURPHY

(NOTE: Registered Agent signature required when reinstating)

3-11-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME GAY, JAMES A  
STREET ADDRESS 5726 BOCA CHICA LN  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ DELETE  
NAME MURPHY, PAUL  
STREET ADDRESS 5726 BOCA CHICA LN  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME PAUL MURPHY  
2.3 STREET ADDRESS 10569 228 LANE SO.  
2.4 CITY-ST-ZIP BOCA RATON, FL 33428

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *X Paul Murphy* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL MURPHY

3-11-99

Date

561-488-1788

Daytime Phone #

CR2E034 (11/98)