FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000015109 (8) **DOCUMENT #**

<u> </u>	GRADING & EXCAVATING,	INC.	,		
Principal Place		Mailing Address		. 1421/03) (16 16 16 16 11) 83 (() 11	ing ang ang 1691 1691 1667 1917 1911 1911 1811
DAVIE FL 33		1020 S.W. 124TH WAY DAVIE FL 33325			
				3. Date incorporated or Qualified 02/23/1995	3a. Date of Last Report
2. Principal Pla	acc of Business	2a. Mailing Address 26		4. FEI Number	Applied For
Suite, Apt. i	#, etc.	Suite, Apl. #, etc.	·	65-058035	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	- \$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28	- 	Trust Fund Contribution	Added to Fees
Z(p]	Country	Zip	Country	8. This corporation has liability fo	
24	9. Name and Address of Curre	29 Agent	30	Florida Statutes Ye 10. Name and Address of New	es No
			81 Name	ΛΩ	in Sistered whelit
RICE, AI			82 Street Addr	HNSON KICE less (P.O. Box Number is Not Accepta	able)
1020 S.I Davie F	W. 124TH WAY		<u> </u>		
DAVIE F	L 33325		83 /5 2	20 S.W 124 WAY	
			84] Oity 🗻	•	85 Zip Code
11. Pursuant to	o the provisions of Sections 607 0503	2 and 607 1508. Florida Staluto	s the shove paped cover	AU IE	FL 33325
or registere	ed agent, or both, in the State of Flori	da. Such change was authorize	d by the corporation's bear	rd of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am
SIGNATURE		RESIDENT		_	
	Signature, typed or printed name of registered agen	and tribul applicable (NO)	E: Rugistered Agent signature require	owtenreas/ahng	78 - 96 DA'E
_12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	DPVS RICE, ANSON	DELETE	1. 1 TOLLE		Change Addition
NAM!	1020 S.W. 124TH WAY		. 1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	DAVIE FL 33325		1.3 STREET ADDRESS		
TITLE	T	DELETE	2 1 THE		Change [] Addition
NAME	RICE, ANSON		2 2 NAME		☐ Change ☐ Addition
STREET ADDRESS	1020 S.W. 124TH WAY		2 3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		2 4 City - St - Zif		
TITLE		☐ DELETE	3 1 THILF		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		DELETE	4 1 111 LE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
Crty-St-ZiP TPLE		DELETE	4 4 CH Y - ST - 7 IF		
NAME			5 1 TITLE		Change 🗍 Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CRY+ST-ZIP		
TITLE		DELETE	6 1 11/LF		Change Addition
NAME		1	6.2 NAME		□ evenile □ vequion
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4.0ITY-\$1-7IP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 composition 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

AMSON RICE PRESIDENT 3-28-96 954 370-8171