

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

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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000022112 (3)

1. Corporation Name
MAGNUM EXCAVATING, INC.



Principal Place of Business
6304 TROPICAIRE BLVD
NORTH PAORT FL 34287

Mailing Address
6304 TROPICAIRE BLVD
NORTH PAORT FL 34286-4803

3. Date Incorporated or Qualified
03/17/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0565656	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALM, MELVIN C
6304 TROPICAIRE BLVD
NORTH PAORT FL 34287

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS PALM, MELVIN C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS JAKIMER, HENRY M. 6772 OLD COURT NORTH PAORT FL	1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	3.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	5.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	6.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	AS PALM, JASON C. 6304 TROPICAIRE BLVD. NORTH PAORT FL	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

Melvin C. Palm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-97
Date

(941)
426-8260
Daytime Phone #

0436425

CR2E034 (9/96)