

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 # P95000022112

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 34287

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90020 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1995

4. FEI Number

65-0565656

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 6637 Joe Jeff ST.

2a. Mailing Address

26 6637 Joe Jeff ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 North Port FL

City & State

28 North Port FL

Zip

Country

24 34287 25 U.S.

Zip

Country

29 34287 30 U.S.

9. Name and Address of Current Registered Agent

PALM, MELVIN C  
6304 TROPICAIRE BLVD  
NORTH PAORT FL 34287

10. Name and Address of New Registered Agent

81 Name John P. Arzo & Associate, LLC

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

180 North Indiana Ave. Suite #5

83

84

City Caglewood

FL

85 Zip Code

34223

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

TITLE PS ☐ DELETE

NAME PALM, MELVIN C.  
STREET ADDRESS 6304 TROPICAIRE BLVD.  
CITY-ST-ZIP NORTH PORT FL

TITLE AS ☐ DELETE

NAME PUSZKAR, ANDREW  
STREET ADDRESS 6242 TROPICAIRE BLVD.  
CITY-ST-ZIP NORTH PORT FL

TITLE S ☐ DELETE

NAME TAYLOR, R L  
STREET ADDRESS 61 PINEHURST TR  
CITY-ST-ZIP PLACIDA FL 33947

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-2599

423-0909

CR2E034 (11/98)