

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000038451 (7)

1. Corporation Name

CAPITAL TRENCHING SERVICE, INC.



Principal Place of Business

2375 CENTERVILLE RD.
TALLAHASSEE FL 32308

Mailing Address

2375 CENTERVILLE RD.
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

05/10/1995

3a. Date of Last Report

2. Principal Place of Business

21 3514 Mahan Drive

Suite, Apt. #, etc.

2a. Mailing Address

26 3514 Mahan Drive

Suite, Apt. #, etc.

4. FEL Number

59-3314091

Applied For

Not Applicable

22 City & State

23 Tallahassee, FL

24 32308 25 USA

27 City & State

28 Tallahassee, FL

29 32308 30 USA

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GLOVER, RICHARD A
2375 CENTERVILLE RD.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name Mary Frances Carter

82 Street Address (P.O. Box Number is Not Acceptable)
3514 Mahan Drive

83

84 City Tallahassee,

FL

85 Zip Code
32308

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 607.1505, Florida Statutes.

SIGNATURE

Mary Frances Carter

Mary Frances Carter

3/11/96

12. OFFICERS AND DIRECTORS

1.1 TITLE D
1.2 NAME CARTER, MARY F
1.3 STREET ADDRESS 3514 MAHAN DR.
1.4 CITY-ST-ZIP TALLAHASSEE FL 32308

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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 in an attachment with an address.

SIGNATURE:

Mary Frances Carter
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 8784799
Date Daytime Phone #

CR2E034 (12/95)