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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000038451
1 Comoration Name	1 0000000101

CAPITAL TRENCHING SERVICE, INC.

						90160 11191 18111 111001 Aliaf 1101 1601
Principal Place	e of Business	Mailing Address				55182 (1151 (5111 51551 51151 1151 1151
3514 MAHAN D TALLAHASSEE US		3514 Mahan DR Tallahassee FL 32308 US			DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualifed 05/10/1995	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3314091	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Countr	У	This corporation owes the current year Personal Property Tax.	ar Intangible □ Yes □ No
24	9. Name and Address of Curre		101		10. Name and Address of New Register	
	5. Name and Address of Curre	ent Neglotel et Agent	8	1 Name		
	ITER, MARY FRANCES 4 MAHAN DR		82	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	T MINI INTO DEL					
TALL	LAHASSEE FL 32308		83	3		
	LAHASSEE FL 32308		84	4 City		FL 85 Zip Code
11. Pursuant	LAHASSEE FL 32308	e of Florida. Such change was aut	84 s, the above	4 City ve-named corp v the corporati	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its registered
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Station familiar with, and accept the oblig	e of Florida. Such change was aut gations of, Section 607.0505, Florid	s, the above thorized by da Statute	4 City ve-named corp v the corporati	poration submits this statement for the purpos on's board of directors. I hereby accept the a	F L
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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.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

□ DELETE

☐ DELETE

Change

☐ Change

___ Addition

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