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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000049101 (5)

KWIK TRENCH INC.

Suite Apt. #, etc.  Suite, Apt. #, etc.  City & State  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  Fee Required  \$5.00 May Be									
LBHGH ACRES FL 33896	Principal Place of Business Mailing Address						I TROUGHAU TOU TRANS MAINT MASTE MAINT MASTE I	180)1 BIBIN 1818) 1961	UNIOS 1980 IUNI
Principal Place of Business   2a Mailing Address   2a Mailing Address   5. Certification of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate of Statute Desired   58.75 Additional Feet Required Coy & State   5. Certificate Of State Desired Coy & State   5. Certificate Of State   5. Certificat									
Suite April 10   Suit						Ī		1 1 1 1	,
Section   Sect	2. Principal Place of Business 2a. Mailing A			ddress			4. FEI Number		Applied For
27	21						65-0593450		<del></del>
28   Country   Zip   Country   Zip   Country   S. This Furnd Contribution   Addition for the season of the season	22		27	27					
Zip   Country   Zip   Country   Zip   Country   Sip	<u>-</u> 1	0	<del> </del> 1						
25   20   30   Florida Statutes   10   10   10   10   10   10   10   1	23	Carata		Countr					
B. Name and Address of Current Registered Agent  WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-8643  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Code City FL 85 Zip Cod			h	$\vdash$	¬ ' I		· · · · · · - · -		
WOLFE, LARRY 20-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6843  82 Street Address (P.O. Box Number is Not Acceptable)  83	24			[30]					
200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6843  88	WOI			81	Name				
TALLAHASSEE FL 32303-8643  84									
B3				82	82 Street Address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 607 0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing list 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 an immiliate with, and accept the objections of Sections 607.605. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  13. SIRECT ADDRESS  14. OFFICERS ADDRESS  14. OFFICERS ADDRESS  15. OFFICERS AND DIRECTORS IN 12  14. OFFICERS ADDRESS  15. OFFICERS A		34110022 12 02000 00 10		83	<b></b>				
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SIGNATURE     Signature   Si	11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Stati	utes, the abov	e-name	d corpor	ation submits this statement for the p	<u> </u>	ing its registered
SIGNATURE	office or r	registered agent, or both, in the Sta am familiar with, and accept the obti	te of Florida. Such change was loations of, Section 607,0505, F	s authorized b Florida Statute	y the co	rporation	i's board of directors, I hereby accep	t the appointmen	nt as registered
1	_	THE Com De	a Cara				HI.	21/01	
THILE     DELETE   11 TITLE     Change   Addition	SIGIVATORE	Signature, typed or percodinants of registered a	gent and title if applicable. (NO	OTE: Registered Aç	ent signatu	ne required	when reinstating)	DAYE	
RAME   STREET ADDRESS   12 NAME   13 STREET ADDRESS   14 CDTY - ST - ZP	12.			13.			ADDITIONS/CHANGES TO OFFIC		
1226 BARNSDALE ST.   13 STREET ADDRESS   14 CITY - ST - ZIP	TITLE	=	☐ DELETE	1.1 TITLE				☐ Cha	nge L. Addition
CATY_ST_2P   CHIGH ACRES FL 33936	NAME			1.2 NAME		ŀ			
DELETE	STREET ADDRESS			1.3 STREE	T ADDRESS	i			
MAME	······································	LEHIGH ACRES FL 33936			ST-ZIP				
23 STREET ADDRESS   22 ACRY-ST-ZIP			☐ DELETE					☐ Cha	nge L. Addition
2 4 City - St - ZiP	NAME			22 NAME		Ì			
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ST-7/2					* 1050500	.			
DELETE						·			
1 ADDRESS   4.2 NAME	-51-70-		T DELETE		ST-ZIP			I Cha	nne Addition
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ST-ZIP	2849ANAS T					,			
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1 ADDRESS 6.3 STREET ADDRESS			<del></del>						
	LADORESS I			1		;			
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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 it enanged, or on an attachment with an address.

**GNATURE:** 

DATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 94/-369, 7911

**FILED** 

Apr 28 1997 8:00am

Secretary of State

32E034 (9/96)