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

Mailing Address

TARPON SPRINGS FL 34688-1608

P O BOX 1608

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business
43309 U.S. HIGHWAY 19 NORTH

TARPON SPRINGS FL 34889

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 06 1997 8:00am

Secretary of State

3a. Date of Last Report

01/30/1996

3. Date Incorporated or Qualified

06/30/1995

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051236 (4)

SUNCOAST PARKWAY EXCAVATORS, INC.

Suito, Apil Citi.	0 0	0(f) -i	On Mail - Address				4. FEI Numbe			''' 		
Suite Apt # 6tc. 22 23 25 28 29 25 29 20 25 29 20 25 29 20 25 20 20 25 20 20 25 20 20	·····	lace of Business	<u>├</u>	2a. Mailing Address								
City & State Country Cou				· / · · · · · · · · · · · · · · · · · ·			38-3328	7140				
Zep		W. CIG.	 				5. Certificate	of Status Desired				
22 26 27 28 29 30 30 30 4. Trust Fund Contribution Added to Feet 24 28 29 30 5. Trust Fund Contribution Added to Feet 28 29 30 5. Trust Fund Contribution Added to Feet 30 30 30 30 30 30 30 3	City & State City & State				-		6. Election Ca	mpaign Financing		\$5.00	May Be	
PRIEDLAND, LEW 43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS FL 34689 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statules. the above-named corporation submits this statement for the purpose of changing its registion agent, or both, in this State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registrate agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registrate agent, or both, in the State of Florida. State of Florida State	28						Trust Fund	Contribution				
FRIEDLAND, LEW 43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS FL 34689 11. Pursuant to the provisions of Sections 607 6502 and 607 1508, Florida Statutes, the aboven-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida, Such change was submitized by the corporation's board of directors. I hereby accept the obligations of, Section 607 6505, Florida Statutes, the aboven-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida, Such change was submitized by the corporation's board of directors. I hereby accept the obligations of, Section 607 6505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE MAKE 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 14 CITY-ST-2P TITLE DVST 14 CITY-ST-2P TITLE DVST 43309 US HWY 19 N TARPON SPRINGS FL DVST 43309 US HWY 19 N TARPON SPRINGS FL DELETE 15 TITLE 15 STREET ADDRESS 16 CITY-ST-2P TITLE 16 DELETE 17 TITLE 18 Name 18 Name 19 City-ST-2P TITLE 18 Name 19 City-ST-2P TITLE 19 DELETE 17 TITLE 18 OFFICE RS AND DIRECTORS IN 1 TARPON SPRINGS FL 18 Name 19 City-ST-2P TITLE 19 City-S	Zip	Country Zip Co			B. This corporation has liability for intangible tax under s. 199.032						. 199.032,	
FRIEDLAND, LEW 43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS FL 34689 ### City	24 25 29 30											
### A3309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS FL 34889 ### City	9. Name and Address of Current Registered Agent						10. Name and	Address of New I	Registered /	gent		
TARPON SPRINGS FL 34889 B3	Friedland, Lew					}						
TARPON SPRINGS FL 34889 BS	43309 U.S. HIGHWAY 19 NORTH				82 Street Address (P.O. Box Number is Not Acceptable)							
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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as regists agent. I am familiar with, and accept the obligations of, Section 607.6505, Florida Statutes. SIGNATURE DP					Cast Address (1.0. Don Hallion is Not Acceptable)							
11. Pursuant to the provisions of Scotions 607 05/02 and 607 15/08, Florida Statutes the above-named corporation submits this statement for the purpose of changing its regist 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 register agent of the following the obligations of Scotions 607-000, Florida Statutes. SIGNATURE Signature type die pretent name of registered agent and their depolations. Signature type die pretent name of registered agent and their depolations. Defice Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE MAKE FRIEDLAND, LEW 43309 US HWY 19 N 13 STREET ADDRESS CITY-ST-ZP TARPON SPRINGS FL UTLE DELETE 14 TITLE DELETE 21 TITLE DELETE 31 TITLE DELETE 31 TITLE SALING, GARY 43309 US HWY 19 N 7ARPON SPRINGS FL DELETE 31 TITLE DELETE 31 TITLE ASSINGET ADDRESS CITY-ST-ZP TOTAL DELETE 31 TITLE Change A Change A Change A CHANGE A STREET ADDRESS CITY-ST-ZP TITLE DELETE 31 TITLE Change A Change A CHANGE A STREET ADDRESS CITY-ST-ZP TOTAL Change A CHANGE A STREET ADDRESS CITY-ST-ZP TITLE DELETE 31 TITLE Change A CHANGE A STREET ADDRESS CITY-ST-ZP TITLE CHANGE A STREET ADDRESS CHANGE A STREET ADDRESS CHANGE A STREET A												
11. Pursuant to the provisions of Scotions 607 05/02 and 607 15/08, Florida Statutes the above-named corporation submits this statement for the purpose of changing its regist 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 register agent of the following the obligations of Scotions 607-000, Florida Statutes. SIGNATURE Signature type die pretent name of registered agent and their depolations. Signature type die pretent name of registered agent and their depolations. Defice Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE MAKE FRIEDLAND, LEW 43309 US HWY 19 N 13 STREET ADDRESS CITY-ST-ZP TARPON SPRINGS FL UTLE DELETE 14 TITLE DELETE 21 TITLE DELETE 31 TITLE DELETE 31 TITLE SALING, GARY 43309 US HWY 19 N 7ARPON SPRINGS FL DELETE 31 TITLE DELETE 31 TITLE ASSINGET ADDRESS CITY-ST-ZP TOTAL DELETE 31 TITLE Change A Change A Change A CHANGE A STREET ADDRESS CITY-ST-ZP TITLE DELETE 31 TITLE Change A Change A CHANGE A STREET ADDRESS CITY-ST-ZP TOTAL Change A CHANGE A STREET ADDRESS CITY-ST-ZP TITLE DELETE 31 TITLE Change A CHANGE A STREET ADDRESS CITY-ST-ZP TITLE CHANGE A STREET ADDRESS CHANGE A STREET ADDRESS CHANGE A STREET A										les l'ain	Codo	
office or registriced 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 registrated agent and ramiliar with, and accept the obligations of, Section 607.0505, Floridal Statules. SIGNATURE Signature, type of primide traine of registriced agent and two if applicable INOTE Registered Agent signature required when reinalising) DATE				54	City				FL	85 Zip	C006	
Agent 1 am Tamilitar with, and accept the obligations of, Section 607.0505, Floridal Statutes.	11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida Statu	tes, the abov	e-name	d corpor	ation submits th	is statement for the	e purpose of	changing i	ls registered	
SIGNATURE Signature Lye Lor protect name of registered agent and New applications No. No.	office or r	registered agent, or both, in the Sta	ite of Florida. Such change was	authorized b	y the co	rporation	's board of dire	ctors. I hereby acc	cept the app	ointment as	registered	
Signature, type dire previous hamile of registanced agents and time displaced. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME SIREET ADDRESS GITY-ST-ZIP TITLE DVST TARPON SPRINGS FL UVST TARPON S		in familial with, and accept the oc	ingentions of, decitor dov. bood, 11	onda olalalo								
12.	SIGNATURE	Signature, typed or printed name of registered	agent and this if applicable (NO	TE Registered Ag	ent signatu	re required	when reinstating)	<u> </u>	DATE	·····		
NAME STREET ADDRESS CITY-SI-ZIP DYST	12.	OFFICERS A						CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12	
STREET ADDRESS CITY-ST-ZIP	TITLE	DP .	☐ DELETE	1.1 TITLE						Change	Addition	
TARPON SPRINGS FL	NAME	FRIEDLAND, LEW		1.2 NAME								
TARPON SPRINGS FL	STREET ADDRESS	43309 US HWY 19 N		1.3 STREE	T ADDRESS							
DELETE DELETE DELETE SALING, GARY SALING, GARY 43309 US HWY 19 N TARPON SPRINGS FL DELETE 31 TITLE 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP DELETE DELETE ADDRESS DITY-ST-ZIP DELETE DELETE ADDRESS DITY-ST-ZIP DELETE DELETE ADDRESS DITY-ST-ZIP DELETE DELETE ADDRESS DITY-ST-ZIP DELETE ADDRESS DITY-ST-ZIP DELETE ADDRESS DITY-ST-ZIP DELETE DELETE ADDRESS DITY-ST-ZIP DELETE		TARPON SPRINGS FL										
NAME SALING, GARY 43309 US HWY 19 N 7 TARPON SPRINGS FL 22 STREET ADDRESS 2 4 CITY - ST - ZIP TITLE Change A CITY - ST - ZIP TITLE CITY - ST - ZIP TITLE CHANGE A CITY -		DVST	DELETE		01 21					Change	Addition	
STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TITLE		SALING, GARY		2.2 NAME		Eno	dired d			•	·	
CITY-ST-ZIP	ļ						3 544.5					
DELETE DELETE 3.1 TITLE Change A NAME 32 NAME 32 NAME STREEL ADDRESS 33 STREET ADDRESS CITY - S1 - 7/P 34. CITY - S1 - 7/P TITLE DELETE 4.1 TITLE Change A NAME 4.2 NAME STREEL ADDRESS 4.3 STREET ADDRESS CITY - S1 - 7/P 4.4 CITY - S1 - 7/P TITLE DELETE 5.1 TITLE Change A NAME 5.2 NAME STREEL ADDRESS 5.3 STREET ADDRESS CITY - S1 - 7/P 5.4 CITY - S1 - 7/P TITLE DELETE S.3 STREET ADDRESS STREEL ADDRESS S.3 STREET ADDRESS CITY - S1 - 7/P S.4 CITY - S1 - 7/P TITLE S.5 NAME STREET ADDRESS S.5 STREET ADDRESS S.5 STREET ADDRESS CITY - S1 - 7/P S.4 CITY - S1 - 7/P TITLE S.5 NAME S.5 NAME S.5 NAME STREET ADDRESS S.5 STREET ADDRESS S.5 STREET ADDRESS CITY - S1 - 7/P S.4 CITY - S1 - 7/P TITLE S.5 NAME S.5						<u> </u>						
NAME			DELETE		31-24	1				Change	Addition	
STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP 34. CITY-ST-ZIP	l											
CITY - ST - ZIP												
TITLE DELETE 4.1 TITLE Change 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change 4.7 Change						'						
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+SI-ZIP 4.4 CITY-ST-ZIP TITLE □ Change □ / NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 5.4 CITY-ST-ZIP			DELETE		31-217					Change	Addition	
STREET ADDRESS 4.3 STREET ADDRESS			□ perric		:					- viluingo	tool (World)	
City - S1 - ZiP	ì					,						
11ILE DELETE 5.1 TITLE Change 7.2 NAME NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-S1-ZIP]					, [
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP			I neiere		51-ZIP		······	··· ··· · · · · · · · · · · · · · · ·		Change	Addition	
STREE! ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-S1-ZIP			[""] nereit							L. Change	L. Adolible	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	ŀ							*				
	1					·						
			Driere		ST-ZIP	4		*. *		Chanca	Addition	
	TITLE		ן אַ טוננונ	6.1 TITLE				12		T cuantite	- Mounton	
NAME 6.2 NAME												
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS					i						
CITY-ST-ZIP 6.4 CITY-ST-ZIP	C(TY - ST - ZIP		1 - A	6.4 CITY-	ST-ZIP	<u> </u>	0	NOVE EL 11 AL			vila-	
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 free and accurate and that my signature shall have the same legal effect as if made under oal I am an officer or director of the cooperation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	14. I do here informatio	by certify that the information support indicated on this annual report of the correction.	pred with this bling does not qual or supplemental annual report is nor the receiver or trusters among	ingtor the ex true and acc wered to exe	emption curate an cute this	stated in nd that m	n Section 119.0 By signature sha By required by (7(3)(i), Florida Stati ill have the same le Chapter 607, Florid	utes. I furthe egal effect as la Statutes: a	r certify that if made ur nd that my	t the nder oath; that name	

I FELOW FRIEDLAND