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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051236 (4)

SUNCOAST PARKWAY EXCAVATORS, INC.

Principal Place of Business	Mailing Address				
43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS FL 34689	P O BOX 1608 TARPON SPRINGS FL 34698 US	J-608		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/30/1995	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21	26			59-3329146 Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country 25	Zip 30	Countr	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔣 Yes 🔲 No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FRIEDLAND, LEW		8	Name		
43309 U.S. HIGHWAY 19 NORTH TARPON SPRINGS FL 34689			Street A	Address (P.Ö. Box Number is Not Acceptable)	
		83			
		84		FL 85 Zip Code	
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 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME FRIEDLAND, LEW		1.2 NAME]		

STREET ADDRESS 43309 US HWY 19 N 1,3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE DVST 2.1 TITLE FORD, DAVID NAME 2.2 NAME 43309 US HWY 19 N 2.3 STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL CITY - ST - ZIP 2. 4 CITY - ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Addition 6.2 NAME 6.3 STREET ADDRESS 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 reported supplier entitled and people 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 received or fusitive empowered to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachnient with an address.

SIGNATURE:

WEDER THE HEEN PRESCOUT 16/18 (813) 942-

CR2E034 (10/97)

FILED

Feb 05 1998 8:00am

Secretary of State