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

FILE NOW. FILING FEE AFTER WAT IS	31 13 \$330.00		
CORPORATION ANNUAL REPORT	DEPARTMENT OF STATE (atherine Harris Secretary of State DN OF CORPORATIONS	FILED	
DOCUMENT # $P950008$	27210	9911AR 25 PH L	y: L ₁ 7
1. Corporation Name	12019	SECTIONALY OF S TALLAHASSEE, FLO	MIE
Ctf Excavating Inc		TALLAHASSEE, FLO	DRIDA
excavaring me		1 1 2 1 1	
Principal Place of Business Mailing Address		HAL	
16481, williams 20 NFf myers 16481 williams RO		DO NOT WRITE IN THIS SPACE	
N Ft myers 16481 Willams Ku 2 33917 N Ft myers Fla 33917		3. Date Incorporated or Qualifed	S SPACE.
2. Principal Place of Business 2a. Mailing Addres	415 Pla 33/17	4. FEI Number	1 []
21 26		65-0614015	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, ε 22	etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
	Country	Trust Fund Contribution 8. This corporation owes the current year In	Added to Fees
24 25 29 29 9. Name and Address of Current Registered Agent	[30]	Personal Property Tax 10. Name and Address of New Registered	[]Yes []No
81 Name			
Frank A Welch 1648/ Willams 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 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. Thereby 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	and the contract of the contra	
12. OFFICERS AND DIRECTORS TITLE PRES Frank welch STREET ADDRESS CITY-ST-ZIP OFFICERS AND DIRECTORS [] DEL	13. ETE 11TIILE 12.NAME 13.STREFT ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 [Change
TITLE UP Nyers Pla 33/	1.4 City-S*-ZiP ETE 2.1 Title		[]Change []Addition
NAME	2.2 NAME	and a series arms given a series of the series of the	
STREET ADDRESS	2.3 STREET ADDRESS	40000283 1 -04/06/99-1	01087007
CITY-ST-ZIP	2 4 CiTy-ST-ZiP	****158.18	
TITLE []] DEL NAME	FTE 31 TITLE 32 NAME		[Change
STREET ADDRESS	33 STREET ADDRESS		
CITY-ST-ZIP	34 CITY-S1-ZIP		
TITLE [] DEL			[] Change [] Addition :
NAME	4 2 NAME		
STREET ADDRESS	4.3 STREE LADDRESS		
CITY-ST-ZIP [] DEL	4.4 City - St - ZiF 5.1 Title		[Change
NAME	52 NAME		[Shange [Mod all!]
STREET ADDRESS	53 STREET ADDRESS		
CITY-ST-ZIP	5.4 CiTy'-ST-ZIP		

14. Thereby certify that the information supplied with this filtrly does not qualify for the exemption stated in Section 119 (7(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of 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 the annual report as required by Chapter 607.

6.1 TITLE

6.2 NAME.

63 STREET ADDIESS 64 CHY-ST-Zir

[] DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

[| Change

[| Addition