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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 12 1997 8:00am Secretary of State

1997

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EARTH HAULERS, INC. Principal Prince of Business Mailing Address 1835 54TH TERRACE SOUTHWEST 1835 54TH TERRACE SOUTHWEST NAPLES FL 33999 NAPLES FL 34116-5661 3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite Apt #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζo Country Zip Country 6. This corporation has liability for intengible tax under s. 199.032, 25 29 30 Yes X No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **HUDGINS. THOMAS F** 2150 GOODLETTE ROAD 82 Street A SIXTH FLOOR 83 NAPLES FL 33940 NAPLES

FL 85 Zip Code 34116

G2 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered gations of, Section 6070805, Florida Statutes. 84 Pursuant to the provisions of Sections office or registered. agent Lam familie OFFICERS AND DIRECTORS 13. (96/6)Change □ DELETE HILL 1.1 TITLE NAME 1.2 NAME STREET ACTURES! 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY STATE DELETE Change Addition 100,1 2.1 TITLE 2.2 NAME MANH STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST-7F ■ DELETE Change Addition DIU 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CHY ST DELETE 4.1 TITLE Change Addition Blue NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY+\$1-718 □ DELETE Change Addition TILLS 5.1 TITLE NAME 5.2 NAME STREET ADDRESS. 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP C(17 - S1 - 7)P DELETE Addition 6.1 TITLE THE NAME 6.2 NAME

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST ZIP

Davis Ja. 3- 7-97 941-450-