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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT P9600038392

STAR EXCAVATING, INC.

Principal Place of Business

Mailing Address

1747 LON 7-SHINWOOD DRIVE

## **FILED** Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90031 049 \*\*\*150.00



UNWOOD DRIVE The state of the second	LONGWOOD FL 32779	1.40	DO NOT WRITE IN THIS	SPACE	
· • • • • • • • • • • • • • • • • • • •			3. Date Incorporated or Qualifed		
	•		05/03/1996		
	2a. Mailing Address		4. FEI Number	Applie	ad For 🤈
2. Principal Place of Business	. <del></del> -		59-3377943	Not A	pplicable
1	26			<b>\$8.75</b> Add	itional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Requ	ired
2	27		6. Election Campaign Financing	\$5.00 M	ay Be
City & State	City & State		Trust Fund Contribution	Added to	
3	28	Country	8. This corporation owes the current year in	tangible	
Zip Country	Zip	Country	Personal Property Tax.	∐Yes □	]No
4 25	29	30	10. Name and Address of New Registered	Agent	
9. Name and Addres	ss of Current Registered Agent	81 Name	10. Namo ena , testas		
<del>-</del>	The state of the s	}		<del>-</del>	
REECE, KATHRYN E		82 Street Ac	Idress (P.O. Box Number is Not Acceptable)		
1747 SUNWOOD DRIVE			** A ** . A ** ** *** **** **** **** **	18-18-17-18 to 18-18	1674
LONGWOOD FL 32779	. •	83			E.
		84 City	13 (14 p) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*** 85 Zip Co	de"
		1-1 -7	<u>F</u> i	<u> </u>	<u> </u>
ar an of our mount	007 0502 and 607 1508 Elorida Statu	ites, the above-named co	orporation submits this statement for the purpose cation's board of directors. I hereby accept the appe	of changing its re	egistered etered
office or registered agent, or both,	in the State of Florida. Such change was ept the obligations of, Section 607.0505, Fl	authorized by the corpora orida Statutes.	orporation submits this statement for the purpose cation's board of directors. I hereby accept the appropriate the company of		
agent. I am familiar with and acce	spt the obligations of the same				
SIGNATURE	of registered agent and title if applicable. (NO	E: Registered Agent signature req	uired when reinstating) DATE		0.151.40
	FFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	Addition
.12.	DELETE	1.1 TITLE		☐ Change	☐ Addition
TITLE P		1.2 NAME			*'
NAME REECE, KATHRYN E		1.3 STREET ADDRESS			
STREET ADDRESS 7 SUNWOOD DR		1.4 CITY-ST-ZIP			
CITY-ST-ZIP LONGWOOD FL	DELETE	2.1 TITLE		Change	☐ Addition
TITLE	- Defeie				
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	a the tark the take and be seen	2. 4 CITY-ST-ZIP		Change	Addition
TITLE	☐ DELETE	3.1 TITLE			
		3.2 NAME			
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STREET ADDRESS		3.4. CITY-ST-ZIP		<u> 1900 (1900)</u>	<u>i. 1821</u>
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TITLE		4.2 NAME	•		
NAME OF STATE	28 117 LV	4.3 STREET ADDRESS		•	
STREET ADDRESS	1.0	4.3 STREET ADDRESS			
CITY-ST-ZIP		1.4 0000 4 000 1000			
ON 1-01-21	: / * · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP		☐ Change	Addition
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TITLE	DELETE	5.1 TITLE 5.2 NAME		Change	Addition
TITLE NAME	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	·	Change	Addition
TITLE NAME STREET ADDRESS	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	77.		· · ·
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP.  TITLE  TO ACCURATE TO ACCURATE THE ACCUR		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	·		· · ·

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 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 if changed, or on an attachment with an address, with all other like empowered.

407-682-7187