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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

P96000053313 (8)

PRESTIGE EXCAVATION COMPANY OF FT. MYERS, INC.

FILED Feb 19 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address					• 11156 17761 11	
7228-C WESTPORT PLACE 7228-C WESTPORT PLACE WEST PALM BEACH FL 33413 WEST PALM BEACH FL 3					DO NOT WR	ITE IN THIS S	SPACE	-
					3. Date Incorporated or Qualifie		,,,,,,,,	· · · · · · · · · · · · · · · · · · ·
					06/19/1996			
2. Principal Pla		2a. Mailing Address			4. FEI Number		A	pplied For
21 /640	1 Bld U.S. Hawy	115 26			65-0533181		N	ot Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		- - · · · -	Additional equired
City & State	eyers FL	City & State			 Election Campaign Financing Trust Fund Contribution 			May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes or has	paid the curr	ent year In	tangible
24 237	12 25 0.5.4	. 29	30		Personal Property Tax due Ju		<u> </u>	□ No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New	Registered A	gent	
MAH	IONEY, BRIAN		81	Name				
	B-C WESTPORT PLACE		82	Stroot Addr	ress (P.O. Box Number is Not Accep	toblo)		
	ST PALM BEACH FL 33413		83	Street Addr	ress (F.O. Box Number is Not Accep		·	
			64	City			85 Zip	Code
				Oity		FL	183 24	Oud
11. Pursuant to	the provisions of Sections 607.0 gistered agent, or both, in the St.	0502 and 607.1508, Florida Statut ale of Florida. Such change was a	es, the above authorized by	named corp	poration submits this statement for the tion's board of directors. I hereby ac-	e purpose of cept the appo	changing i pintment as	ts registered registered
agent. I am	n familiar with, and accept the ob	digations of Section 607.0505, Flo	orida Statutes.	• • • •				
SIGNATURE _	familiar with, and accept the ob-				red when reinstating)	DATE		
SIGNATURE _	signature, typed or printed name of registered					DATE		
SIGNATURE E	signature, typed or printed name of registered	agent and title if applicable (NOT	F: Registered Agen		red when reinstating)	DATE FICERS AND		RS IN 12
SIGNATURE E	Ignature, typod or printed name of registered OFFICERS.	agent and title if applicable (NOT	E: Registered Agen		red when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
SIGNATURE E	ST	agent and title if applicable (NOT AND DIRECTORS	E: Registered Agen 13. 1.1 TITLE	it signature requir	red when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
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