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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600054848 (2)

C&D EXCAVATING AND LAND CLEARING, INC.

FILED Feb 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1755 HARLOCK RD 1755 HARLOCK RD MELBOURNE FL 32934 MELBOURNE FL 32934 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-3388360 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GREEN, CHARLOTTE L 1755 HARLOCK RD 82 Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32934** 83 84 City 85 Zip Code 16. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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. (NOTE: Registered Agent a grature required when reinstating) Signature, typed or puried name of registered agent and telest applicants OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 Tilli NAME **GREEN, CHARLOTTE L** 1.2 NAME 1755 HARLOCK RD STREET ADDRESS 1.9 STREET ADDRESS **MELBOURNE FL 32934** CITY-ST-ZIP 1.4 CHY-\$1 - 7IP Change DELETE Addition TITLE 2 1 111LF NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CHY - \$1 - 7IP DELFTE Addition Change TITLE 3.1 HTUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - 7/P CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ... Addition NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE __ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Addition TITLE 6.1 HILE 600002424ី៩*ដ*ើ NAME 6 2 NAME -02/09/98--01034--010 STREET ADDRESS 6.3 STREET ADDRESS ***150,00 CITY+ST-ZIP 6.4 CITY - \$1 - 2(P 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 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 13 if physical contents and that my name appears in the statute of the corporation of the corporation of the receiver of 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 physical contents are contents.

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