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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90019 010 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000067248

1. Corporation Name
CREATIVE EXCAVATING, INC.



Principal Place of Business 1805 CR 951 SUITE F NAPLES FL 34116 US	Mailing Address 1805 CR 951 SUITE F NAPLES FL 34116 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22	27
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3. Date Incorporated or Qualified 08/13/1996
4. FEI Number 65-0686705
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

GOTTFRIED, PAUL D
412 SOUTHEAST 23RD STREET
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name **David F. Anderson, Esq.**
 82 Street Address (P.O. Box Number is Not Acceptable) **80 SW 8th Street, Suite 2804**
 83
 84 City **Miami** **FL** 85 Zip Code **33130**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *David F. Anderson* **David F. Anderson** **4/26/99** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUSS, LAWRENCE R	
STREET ADDRESS	15360 SHAMROCK DRIVE SOUTHEAST	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BANAHAN, MERLIN	
STREET ADDRESS	3660 19TH AVE. S.W.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Judith D. Rohde	
3.3 STREET ADDRESS	17557 Allentown Road	
3.4 CITY-ST-ZIP	Fort Myers, FL 33912	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Lawrence R. Huss* **Lawrence R. Huss** **4/22/99** **941/455-7754**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)