

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90029 034 ***150.00

DOCUMENT # P96000070051

1. Corporation Name

R. L. RUSSELL EXCAVATING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2372 DAVIS BOULEVARD
NAPLES FL 33962

Mailing Address
2372 DAVIS BOULEVARD
NAPLES FL 33962

3. Date Incorporated or Qualified

08/22/1996

4. FEI Number

65-0700290

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 3012 Round Table Ct.

Suite, Apt. #, etc.

22 City & State

23 NAPLES FL

24 Zip Country

25 34112

2a. Mailing Address

26 3012 Round Table Ct.

Suite, Apt. #, etc.

27 City & State

28 NAPLES FL

29 Zip Country

30 34112

9. Name and Address of Current Registered Agent

LARSON, KAREN A
993 NORTH COLLIER BOULEVARD
MARCO ISLAND FL 34146

10. Name and Address of New Registered Agent

81 Name JOEL S. MILLER

82 Street Address (P.O. Box Number is Not Acceptable)

5091 EAST TAMMAM TRAILS

83

84 City

NAPLES

FL

85 Zip Code

34113

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

Signature typed or printed name of registered agent and title if applicable.

JOEL S. MILLER

1/11/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD
NAME RUSSELL, ROBERT L
STREET ADDRESS 2372 DAVIS BOULEVARD
CITY-ST-ZIP NAPLES FL 33962

TITLE STD
NAME RUSSELL, LINDA L
STREET ADDRESS 2372 DAVIS BOULEVARD
CITY-ST-ZIP NAPLES FL 33962

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME RUSSELL, ROBERT L.
1.3 STREET ADDRESS 3012 Round Table Ct.
1.4 CITY-ST-ZIP NAPLES, FL 34112

2.1 TITLE STD
2.2 NAME RUSSELL, LINDA L.
2.3 STREET ADDRESS 3012 Round Table - Ct.
2.4 CITY-ST-ZIP NAPLES, FL 34112

3.1 TITLE VD
3.2 NAME RUSSELL, JAYSON R.
3.3 STREET ADDRESS 107 Audubon Rd.
3.4 CITY-ST-ZIP NAPLES, FL 34114

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: Linda L. Russell - LINDA L. RUSSELL STD 1-11-99 941-774-3622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)