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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

City & State

Naples

240 25th 31 Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071453 (0)

U.S.A

g, Name and Address of Current Registered Agent

25

2121 COUNTY ROAD 951 STE 101

GOLDEN GATE FL 34116-6543

STEWART, JAMES C JR.

MAINVILLE'S GRADING & HAULING, INC.

Principal Place of Business Mailing Address

5481 HUNTER BLVD.

NAPLES FL 34116 NAPLES FL 34116

2a. Mailing Address

City & State

29

<u>Sciples</u>

P.O. Box 990122 Suite, Apt. #, etc.

FILED Mar 26 1998 8:00am Secretary of State

	1						
	DO NOT WRITE	IN THIS	S SPACE				
3.	Date Incorporated or Qualified						
	08/23/1996						
4.	FEI Number		Applied For				
	59-3399014		Not Applicable				
Б.	Certificate of Status Desired		\$8.75 Additional Fee Required				
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
в.	This corporation owes or has per Personal Property Tax due June	corporation owes or has paid the current year Intangible onal Property Tax due June 30. 🛛 Yes 🔲 No					
0.	Name and Address of New Re	gistere	d Agent				

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

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.

Country

81 Name

82

83

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SIGNATURE	Signature, typed or printed name of registered agricult and little if applicable	(NOTE: R	logislered Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICER		CERS AND DIRECTOR		
TITLE	D	DELETE	1.1 TITLE	P	Change	Addition	
NAME	MAINVILLE, DOUG		1.2 NAME	MATNUTURE, DOUG			
STREET ADDRESS			1.3 STREET ADDRESS	MATDUTURE, DOLLG 240 25th St. S.W.			
CITY-ST-ZIP	NAPLES FL 34116		1.4 CITY - ST - ZIP	NAPLES FL 34117			
TITLE		DELETE	2.1 TITLE		☐ Change	☐ Additio	
NAME	{		2.2 NAME	1			
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE		Change	Additio	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		☐ Change	Additio	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETÉ	5.1 TITLE		☐ Change	Additio	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change	Additio	
NAME			6.2 NAME				
STREET ADDRESS			63 STREET ADDRESS	1			
PITY_ST.7IP			64 CITY, CT., 7ID				

14. I hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplied the filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplied that I am an officer or director of the corporation of the receiptr 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 for on an attachment with an address.

SIGNATURE:

Days Manny

March 20, FP18 041-353-5720

2E034 (10/97)

Zip Cod€