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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000001921 (0)

PHILLIPS EXCAVATING & HAULING INC.

FILED Feb 18 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address			
1141 BOLTON ROAD 1141 BOLTON ROAD					
		NEW SMYRNA BEACH FL	32168	l	
Ì				DO NOT WRITE	IN THIS SPACE
ļ				3. Date Incorporated or Qualified	
A Principal F	Place of Business	2a. Mailing Address		01/01/1997 4. FEI Number	1 12 15 15
21	TRUE OF DUSTRIESS	26. Mailing Address		1 59-3417972	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		J. D-1(1110	00.75
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	25		30]	Personal Property Tax due June	
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent PUIL INC. IAMES					
FILIEURO, DAMEO					
1141 BOLTON ROAD NEW SMYRNA BEACH FL 32168				ress (P.O. Box Number is Not Acceptab	le)
, NE	W OMITHINA DEAGH FL 32108		83		
	₹		00		
]			84 City		FL 85 Zip Code
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					
for 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 trigistered ager	and title 4 applicable (NOTE:	Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AND	_ 	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	President	DELETE	1.1 TITLE		Change Addition
NAME	vance w. Phillips		1.2 NAME		
STREET ADDRESS	James W. Phillips 1141 Bolton Road		1.3 STREET ADDRESS		
CITY-ST-ZIP	New Smyrna Beach	FL 32168	1.4 CITY - ST - ZIP		
TITLE	Vice President	☐ DELET E	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	Same		2.3 STREET ADDRESS		
CITY-ST-ZIP		TM policie	2. 4 CITY-ST-ZIP	<u> </u>	~.
TITLE	Secretary	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	Same		3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CFTY-ST-ZIP		Change Addition
TITLE	Treasurer	L. VELETE	4.1 TITLE		☐ Change ☐ Addition
NAME OTREET ADORESCE	\sim		4. 2 NAME		
STREET ADDRESS	Same		4.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAMÉ		Otter	5.2 NAME		C oleans C voolings
STREET ADDRESS			5.3 STREET ADDRESS		
i l					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		parais	6.2 NAME		C Asserted C Martines
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		i
VIII-DI-ZIF			0.1 UIT - 31 - 28F		

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 of 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 trusted 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.