May 06, 1999 8:00 am Secretary of State

05-06-1999 90062 037 ***150.00

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

DOCUMENT # POZOOOS

Principal Place of Business Mailing Address 2531 2ND STREET NE NAPLES FL 34120 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/16/1997 2. Principal Place of Business 26 27 28. Mailing Address 4. FEI Number 65-0769465 Not Applicable Suite, Apt. #, etc. 27 City & State Country Country Country Country Country Country Country Country DO NOT WRITE IN THIS SPACE Applied For Not Applied For Not Applied For Not Applied For Not Applicable City & State City & State City & State City & State Country	1. Corporation Name TODD LAINHART EXCAVATING, INC.							
Principal Place of Business S33 2ND STREET NE NAPLES FL 34120 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/16/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0769465 Not Applied For 65-0769465 Suite, Apt. #, etc. 27 City & State City & State City & State 28 Zip Country Zip Country Zip Country Zip Country Repaired 29 30 Personal Property Tax. Personal Property Tax. Summe and Address of Current Registered Agent LAINHART, TIMOTHY T 2531 2ND STREET NE NAPLES FL 34120 11. Pursuant to the provisions of Section 607.0505, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Florida, Such change was authorized by the corporation board of directors. I hereby accept the appointment as registered agent. In familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signalus, typed or printed same of registered agent and tilb of applications of, Section 607.0505, Florida Statules. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PURSUANE POFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PURSUE VP PURSUANE LAINHART, IMOTHY T 2531 2ND STREET NE NAME LAINHART, IMOTHY T 2531 2ND STREET NE NAME LAINHART, IMOTHY T 12 NAME LAINHART, IMOTHY T 2531 2ND STREET NE NAME LAINHART, IMOTHY T 12 NAME LAINHART, IMOTHY T 2531 2ND STREET NE NAME LAINHART, IMOTHY T 12 NAME LAINHART, IMOTHY T 2531 2ND STREET NE NAME LAINHART, IMOTHY T 12 NAME LAINHART, IMOTHY T 2531 2ND STREET NE NAME LAINHART, IMOTHY T 12 NAME LAINHART, IMOTHY T 13 STREET ADDRESS 14 LAINHART, IMOTHY T 15 THEE Change Addition Addi	1000 [7	AINHANT EACAVATING, IN	U .					
NAPLES FL 34120 US NAPLES FL 34120 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O6/16/1997 Applied For Mot Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite,	Principal Place	e of Business	Mailing Address				E 1005/1005: 118 (00))) COBIN ORISY SESTIN SOUTH BRIGH DIVING LIBITA SOUTH LIBITA SOUTH SO	
Comparison Com	NAPLES FL 34120 NAPLES FL 34120							
2. Principal Place of Business 2a. Mailling Address 4. FEI Number Applied For Not Applicable South, Apr. #, etc. Suite, Apt. #, etc. South, Ap							,	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Souther South Sou	<u> </u>				4. FEI Number Applie			
City & State	Suite, Apt. #, etc. Suite, Apt. #, e						\$8.75 Additional	
Zip Country Zip Country			City & State					
LAINHART, TIMOTHY T 2531 2ND STREET NE NAPLES FL 34120 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 84 City 85 Zip Code 86 Zip Code 87 City 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City 85 Zip Code 86 Zip Co		Country Zip (Personal Property Tax.		Personal Property Tax. ☐ Yes ☐ No	
LAINHART, TIMOTHY T 2531 2ND STREET NE NAPLES FL 34120 82 Street Address (P.O. Box Number is Not Acceptable) 83	Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
2531 2ND STREET NE NAPLES FL 34120 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 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 appicable. (NOTE: Registered Agent signature required when reinstating) DATE	I AIN	HADT TIMOTHY T		8	וי	Name		
NAPLES FL 34120 83 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 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. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12 TITLE P DELETE 1.1 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE Change Addition Change Addition Change Addition Change Addition Change Addition Addition LAINHART, LORI R	2531 2ND STREET NE				2	Street Ad	ddress (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 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 SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P Change Addition NAME LAINHART, TIMOTHY T STREET ADDRESS CITY-ST-ZIP NAPLES FL 34120 1.4 CITY-ST-ZIP TITLE VP Change Addition Change Addition Change Addition Change Addition Change Addition					3			
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 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P				Ľ	_			
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. (NOTE: Registered Agent signeture required when reinstating) DATE 12.				84	4	City	FL 85 Zip Code	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12.	office or na agent. I as	egistered agent, or both, in the State	e of Florida. Such change was aut	horized by	y ti	named con he corpora	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
TITLE P DELETE 1.1 TITLE Change Addition NAME LAINHART, TIMOTHY T 1.2 NAME	SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	egistered Agi	ent:	signature requ	quired when reinstating) DATE	
NAME	12.			13.				
STREET ADDRESS 2531 2ND STREET NE 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE VP DELETE 2.1 TITLE NAME LAINHART, LORI R 22 NAME	TITLE	•			f.1 TITLE Change Additi			
CITY-ST-ZIP NAPLES FL 34120 1.4 CITY-ST-ZIP TITLE VP DELETE 2.1 TITLE NAME LAINHART, LORI R 22 NAME	NAME	•						
TITLE VP DELETE 2.1 TITLE Change Addition NAME LAINHART, LORI R 22 NAME	STREET ADDRESS						· ***	
NAME LAINHART, LORI R 22 NAME	 		□ pcrtzE	-			☐ Change ☐ Addition	
	1	•••	C) DEFEIG		1		Change — — Accidor	
STREET ADDRESS 1 2531 2541 2541 STREET INF	1							
11 TO THE) i				2.4 CITY-ST-ZIP			
Channe Addition				_			Change Addition	
NAME 3.2 NAME			- PETELE	1				
STREET ADDRESS 3.3 STREET ADDRESS				1		ADDRESS		

6.4 CITY-ST-ZIP 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZiP

TITLE

NAME

TITLE

NAME

TITLE

NAME

Change

☐ Change

Change

Addition

☐ Addition

☐ Addition