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 # P97000089413

1. Corporation Name

RALPH PLANK EXCAVATING, INC.

Principal	Place	of	Business
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Mailing Address

May 03, 1999 8:00 am Secretary of State

05-03-1999 90076 034 ***150.00



rificipal riace	t Of Dualificas	Maining Address					
7854 SADDLE C		7854 SADDLE CREEK TRAIL			Ì		
SARASOTA FL	34241	SARASOTA FL 34241			DO NOT WRITE IN THIS S	SPACE	
					3. Date Incorporated or Qualifed		
					10/16/1997		
		1			4. FEI Number		Applied For
2. Principal Pl	ace of Business	2a. Mailing Address				⊢	Applied For
21		26			65-0793439		lot Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	*	Additional Required
City & State		City & State			6. Election Campaign Financing	\$5.0	0 May Be
·	. 28						to Fees
23 Zip	Country	Zip Country			8. This corporation owes the current year Inta		
— ·	 1	— · –	30			Yes	□No
24	25		<u> </u>		10. Name and Address of New Registered A		
	9. Name and Address of Current	Kegisterea Agent	-	1 Name		Hour	
DI AA	W DALOU C			Name			
PLANK, RALPH E 7854 SADDLE CREEK TRAIL		1	32 Street	Address (P.O. Box Number is Not Acceptable)			
SAR	ASOTA FL 34241		1	33			
			[34 City	FL	85 Zip	Code
44 5		and 607 4509 Elosida Statutas	the abo	we named	corporation submits this statement for the purpose of o	:hanging i	ts registered
office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authors of, Section 607.0505, Florid	norized to a Statut	by the corp es.	d corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoin	ment as	registered
SIGNATURE					· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered agent a		<u> </u>	gent signature	required when reinstating) DATE	- DIDEC:	FODG (N. 42
12.	OFFICERS AND		13.	<u></u>	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	Р	☐ DELETE	1.1 TITU	E		Change	e
NAME	PLANK, RALPH E.		1.2 NAM	E			
STREET ADDRESS	7854 SADDLE CREEK TRAIL		1.3 STR	EET ADDRESS	;		
CITY-ST-ZIP	SARASOTA FL 34241		1.4 CITY	-ST-ZIP			
TITLE	ST	☐ DELETE	2.1 TITL			Change	Addition
	PLANK, TERRY C.		2.2 NAM	F			
NAME							ŀ
STREET ADDRESS	7854 SADDLE CREEK TRAIL		1	EET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34241		_	Y-ST-ZIP		Change	e Addition
TITLE	•	☐ DELETE	3.1 TITL			L_1 Unanige	L Addition
NAME	•		3.2 NAM	E			
STREET ADDRESS			3.3 STR	EET ADDRESS	5		
CITY-ST-ZIP			34. CIT	/-ST-ZIP	;		
TITLE		☐ DELETE	4,1 TITU	E		☐ Change	e
NAME	to the state of the	•	4. 2 NAM				
STREET ADDRESS	•		4.3 STR	EET ADDRESS	8	,	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		DELETE	5.1 TITL	Ε		☐ Change	e 🔲 Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STR	EET ADDRESS	· 		ļ
			5.4 CITY	-ST-ZIP			ļ
CITY-ST-ZIP		☐ DELETE	6.1 TITL			☐ Chang	e Addition
			6.2 NAV			_ ,	_
NAME		:					,
STREET ADDRESS	, .	•	■ 6.3 STR	EET ADDRESS	·		1

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.

CITY-ST-ZIP