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Addition

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000006098

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

BUCHANAN EXCAVATING SERVICE, INC.						ļ					(818) (81) (88)
Principal Place of Business Mailing Address							I I II III		III QQ1II QQIII BQII	I OBIIO DIINI OBNIO	1010) 1011 1001
1978 NEPTUNE DRIVE 1978 NEPTUNE DRIVE											
ENGLEWOOD FL 34223 ENGLEWOOD FL 34223							DO NOT WRITE IN THIS SPACE				
						 	2 Date Incor	porated or Quali		J GI AGE	
							01/20/1	•			. <u></u>
2. Principal Pl	ace of Business	2a. Mailing A	ddress				4. FEI Numb	er	•	Apr	plied For
21		26					31 - 15	85300			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					E Cortifesto	of Status Desire	d 🗆	\$8.75 △	
22		27					o. Certificate	Of Otalus Desire	· -	Fee Re	quired
City & State	•	City & Sta	City & State				6. Election Campaign Financing \$5.00 May Be				
23	3						Trust Fund	i Contribution		Added to	o Fees
Zip				Country			8. This corporation owes the curre				
24	25 29 30						Personal Property Tax.				⊠No
	9. Name and Address of Curren	t Registered Age	nt			1	0. Name and	Address of No	w Registered	1 Agent	
				81	Name						
BUCHANAN, WILLIAM JR					Street	Addrage	(P.O. Box Nu	mber is Not Acc	entable)		
1978 NEPTUNE DRIVE					Succe	Audiess	(1 .O. DOX 140	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, op ,		
ENGLEWOOD FL 34223				83							}
				-					· · · · ·	[as] 3:- (5-4-
				84	City				F	85 Zip C	Jode
l office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such Ci	nange was autne	orized by	the corbi	corporat oration's	ion submits the board of direct	nis statement for ctors. I hereby a	the purpose occept the appo	of changing its pointment as rec	registered gistered
SIGNATURE										<u></u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					nt signature r	required whe		NOUNNION TO	DATE	ND DIDECTO	OC IN 12
12.				13.		1	ADDITIONS	S/CHANGES TO	OFFICERS A	Change	Addition
TITLE	President	_	DELETE	1.1 TITLE						☐ Griange	
NAME	William A. Buchanan, or.		1.2 NAME								
STREET ADDRESS	1978 Neptune Drive		1.3 STREE	TADDRESS						ļ	
CITY-ST-ZIP	Englewood, Fl. 34223			1.4 CITY-S	T-ZIP			_	· #*** ·		O A delition
TITLE	Secretary/Treas	surer L	DELETE	2.1 TITLE						☐ Change	☐ Addition
NAME	Georgianna Buchanan			2.2 NAME							[
STREET ADDRESS	1978 Neptune Drive			2.3 STREE	TADDRESS						
CITY-ST-ZIP	Englewood, Fl.	34223		2.4 CITY-5	ST-ZIP						
TITLE			DELETE	3.1 TITLE						☐ Change	Addition
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	T ADDRESS						
CITY-ST-ZIP				3.4. CITY- 9	ST-ZIP						
TITLE			DELETE	4.1 TITLE						Change	☐ Addition

64 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify by 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 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 application with an address, with all other like empowered.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

NAME STREET ADDRESS

6.3 STREET ADDRESS

E4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

5.1.TITLE

☐ DELETE

DELETE .

HER

SIGNATURE: