

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90030 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000043459**

1. Corporation Name

ORLANDO EXCAVATION CORP.

Principal Place of Business

Mailing Address

**1219 CLAY STREET
KISSIMMEE, FL 34741**

**P.O. Box 110455
ORLANDO FL
32811-0455**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/14/98

2. Principal Place of Business

2a. Mailing Address

21 1219 CLAY STREET

26 P.O. Box 110455

4. FEI Number

59-1350312

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~KISSIMMEE, FL 34741~~

27

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

City & State

City & State

23 Kissimmee FL

28 ORLANDO FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

Zip

Country

Zip

Country

24 34741

25 U.S.A.

29 32811-0455

30 U.S.A.

8. This corporation owes the current year Intangible Personal
Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERI LAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

81 Name

ANDREA G. KIEBLER

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

2823 CRANE TRACE CIRCLE

83

84 City

ORLANDO

FL

85 Zip Code
32837

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

Andrea G. Kiebler

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ANDREA G. KIEBLER	
STREET ADDRESS	2823 CRANE TRACE CIRCLE	
CITY - ST - ZIP	ORLANDO, FL 32837	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	JAMES ROBERT KIEBLER	
STREET ADDRESS	FAIRWAY ISLAND DRIVE	
CITY - ST - ZIP	ORLANDO, FL 32837	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

Andrea G. Kiebler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/99

Daytime Phone #

407-856-8582