

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

FILED  
Jun 21, 1999 8:00 am  
Secretary of State

06-21-1999 90006 041 \*\*\*550.00

0379688

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000063154

1. Corporation Name  
YODICE EXCAVATING, INC.

Principal Place of Business

3642 SWAN LANDING  
LAND O' LAKES FL 34639

Mailing Address

3642 SWAN LANDING  
LAND O' LAKES FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1998

4. FEI Number

59-35-23412

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 13833 Bellamy Bros Blvd

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 Dade City, FL

Zip

24 33525

Country

25 USA

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

COHEN, ROBERT F

7821 N. DALE MABRY HWY

SUITE 100

TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

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

2918 Busch Lake Blvd

83

84 City Tampa

FL

85 Zip Code 33614

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

5/1/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME YODICE, JOHN A JR

STREET ADDRESS 3642 SWAN LANDING

CITY-ST-ZIP LAND O' LAKES FL 34639

TITLE D ☒ DELETE

NAME YODICE, EARLT JR

STREET ADDRESS 3642 SWAN LANDING

CITY-ST-ZIP LAND O' LAKES FL 34639

TITLE ☐ DELETE

NAME YODICE, KATHRYN W

STREET ADDRESS 13833 BELLAMY BROS BLVD

CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PLO ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 13833 Bellamy Bros Blvd

1.4 CITY-ST-ZIP Dade City FL 33525

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE v/s ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS YODICE, KATHRYN W

3.4 CITY-ST-ZIP 13833 BELLAMY BROS BLVD

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: EXPIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

Date

813 335-0599

Daytime Phone #

CR2E034 (11/98)