

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90010 038 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000076286 ✓

1. Corporation Name
 SCOTT ADAMS EXCAVATING, INC.



Principal Place of Business: 1245 E. NORVELL BRYANT HWY. HERNANDO FL 34442
 Mailing Address: 1245 E. NORVELL BRYANT HWY. HERNANDO FL 34442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1998

4. FEI Number: 59-3530840 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business: 21
 2a. Mailing Address: 26 PO BOX 1383
 Suite, Apt. #: etc.: 22 Suite, Apt. #: etc.: 27
 City & State: 23 INVERNESS, FL
 Zip: 24 34451 Country: 25 Country: 30

9. Name and Address of Current Registered Agent: UCC FILING & SEARCH SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent: 81 Name: SCOTT A. ADAMS
 82 Street Address (P O. Box Number is Not Acceptable): 1245 E NORVELL BRYANT HWY
 83
 84 City: HERNANDO FL 85 Zip Code: 34442

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: *Scott A. Adams* SCOTT A. ADAMS 7-8-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANGE, CHARLES E JR	1.2 NAME	
STREET ADDRESS	5851 E. TURKEY TR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL 34442	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, SCOTT A	2.2 NAME	
STREET ADDRESS	1421 S. MOHICAN TR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Scott A. Adams* SIGNATURE REQUIRED: SCOTT A. ADAMS 7-8-99 352-637-4083
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

01046605