

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

FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S50744** (9)

1. Corporation Name  
**EXCAVATED PRODUCTS INC.**

Principal Place of Business

**1451 W. S.R. 46  
GENEVA FL 32732  
US**

Mailing Address

**9630 DISCOVERY CT  
ALTAMONTE SPRINGS FL 32714-1500  
US**

3. Date Incorporated or Qualified **05/08/1991** 3a. Date of Last Report **03/19/1996**

4. FEI Number **59-3076442** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**QUINN, EDWARD T.  
9630 DISCOVERY COURT  
SUITE 1800  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 must be provided on behalf of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DVST</b>	<input type="checkbox"/> DELETE
NAME	<b>QUINN, EDWARD T.</b>	
STREET ADDRESS	<b>107 SHORE DRIVE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>VEIGLE, JAMES</b>	
STREET ADDRESS	<b>2752 LAKE HOWELL LANE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VEIGLE, CHARLES</b>	
STREET ADDRESS	<b>4625 E. LAKE DRIVE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	
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 do 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: **Edward T. Quinn** **EDWARD T. Quinn** 1-7-97 407 8625151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)