

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90046 038 ***150.00

DOCUMENT # S50744

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1991

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 owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

QUINN, EDWARD T.
9630 DISCOVERY COURT
SUITE 1600
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

QUINN EDWARD T

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

107 SHORE DRIVE

83

84

CITY LONGWOOD

FL

85 Zip Code

32779

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

12. OFFICERS AND DIRECTORS

TITLE DVST
NAME QUINN, EDWARD T.
STREET ADDRESS 107 SHORE DRIVE
CITY-ST-ZIP LONGWOOD FL

DELETE

TITLE DP
NAME VEIGLE, JAMES
STREET ADDRESS 2752 LAKE HOWELL LANE
CITY-ST-ZIP WINTER PARK FL

DELETE

TITLE D
NAME VEIGLE, CHARLES
STREET ADDRESS 4625 E. LAKE DRIVE
CITY-ST-ZIP WINTER SPRINGS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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: *Edward T. Quinn* EDWARD T. QUINN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99

Date

1407 7745546

Daytime Phone #

CR2E034 (11/98)