

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/7/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

1995 AUG -3 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # V06295 (2)

1. Corporation Name

DESROSIER'S EXCAVATING, INC.

Principal Place of Business

2446 19TH STREET
SARASOTA FL 34234

Mailing Address

2446 19TH STREET
SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1992

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0205404

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 2560 Whitfield Avenue

2a. Mailing Address

26 2560 Whitfield Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sarasota, Florida

City & State

28 Sarasota, Florida

Zip

Country

Zip

Country

24 34243

25 USA

29 34243

30 USA

9. Name and Address of Current Registered Agent

RUSSELL, JEFFREY S.
% ABEL BAND RUSSELL COLLIER PITCHFORD
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA FL 34236

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 (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when terminating)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
DESROSIER'S, JOHN C.
2446 19 ST
SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☒ Change ☐ Addition
2560 Whitfield Avenue

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

D
LEWIS, BRIAN
2446 19TH STREET
SARASOTA FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☒ Change ☐ Addition
2560 Whitfield Avenue

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 it may have under oath, that I am an officer or director of the corporation or the executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 or in an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

John C. Desrosiers
Director

7/17/95

941/727-3601