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 Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90190 032 ***158.75

DOCUMENT # V08574 1. Corporation Name P.J.S. EXCAVATING, INC. Mailing Address Principal Place of Business 7285 WAELTI DRIVE 7285 WAELTI DRIVE MELBOURNE FL 32940 MELBOURNE FL 32940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/22/1992 2a Mailing Address P.O.BOX 410067 4. FEI Number Applied For 2. Principal Place of Business 59-3131335 Not Applicable 21 Suite, Apt. #, etc. Apt.#, etc. elbourne, Fl \$8.75 Additional 5. _Certifcate.of. Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing -0067 Trust Fund Contribution Added to Fees 23 8. This corporation owes the current year Intangible Zip Country 30 Brevara Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 urner Joella ARNO, ANDREW P. 82 115 HICKORY STREET SUITE 202 83 W. MELBOURNE FL 32904 84 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. TO CYO'C SIGNATURE Signature, typed o registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE Change ☐ Addition TITLE Joella Turnes SEXTON, PATSY J. 12 NAME NAME 7285 Wallti Brive 1.3 STREET ADDRESS 3125 ASPINWALL AVE STREET ADDRESS Meltourne Florida ROCKLEDGE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change Addition □ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 supplies that has ming over for quality for the exemption stated in Section 113.07(3)(f), Fronta statutes. If under certify that if an 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:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR