

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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. North</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V 51112 (3)**  
 1. Corporation Name  
**-J.N. MALCOLM & SONS EXCAVATING. INC.**

Principal Place of Business <b>390 N. Hudson St.</b> <b>Orlovista, FL 32835</b> <b>US</b>	Mailing Address <b>390 N. Hudson St.</b> <b>Orlovista, FL 32835</b> <b>US</b>
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3. Date Incorporated or Qualified <b>07/15/92</b>		3a. Date of Last Report <b>04/11/96</b>	
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	
4. FEI Number <b>59-3144018</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>Malcolm, Joseph N</b> <b>7683 Belvoir Dr.</b> <b>Orlando, FL 32835</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P Malcolm, Joseph N</b>	12 NAME	
STREET ADDRESS	<b>7683 Belvoir Dr.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando, FL 32835</b>	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T Malcolm, Kirk M</b>	22 NAME	
STREET ADDRESS	<b>7713 Casasia Ct.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando, FL 32835</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP Malcolm, Michael W</b>	32 NAME	
STREET ADDRESS	<b>1975 Westpointe Cir.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando, FL 32835</b>	34 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S Malcolm, Joy E</b>	42 NAME	
STREET ADDRESS	<b>7683 Belvoir Dr.</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando, FL 32835</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	<b>S Malcolm, Joseph N</b>
STREET ADDRESS		53 STREET ADDRESS	<b>7683 Belvoir Dr.</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	<b>Orlando, FL 32835</b>
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:** *Michael W. Malcolm* **04/22/97** **407 283 8794**  
 Michael W. Malcolm, Vice President Date Daytime Phone #

CR2E034 (9/96)