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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J83494

(1)

ABBOTTS' BACK-HOE SERVICE, INC.  Principal Place of Business  Mailing Address  TED ABBOTT  5701 SARAH AVE.  5701 SARAH AVE.									
SARASOTA FL	34233	SARASOTA FL 34233-3447			3. Date Incorporated or C 07/21/1987		. Date of Last Ro 04/09/1996	eport	
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number		Ap	plied For	
21		26	4			<b>59-2827265</b> Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status De	sired	<b>\$8.75</b> A Fee Re		
City & State		City & State			6. Election Campaign Fin	ancino	\$5.00		
23		28			Trust Fund Contribution		Added t		
Zip	Country	Zιρ	Count	ry	8. This corporation has list			199.032,	
24	25		10		Florida Statutes  10. Name and Address o		□ No		
	9. Name and Address of Curr	ent Hagistered Agent	8	1) Name			ed Agent		
	OTT, TED			C	RAIG ABE	OTT	***************************************		
5701 SARAH AVE SARASOTA FL 33583				2 Street Addr 570	ress (P.O. Box Number is Not	Acceptable)			
OAR	49014 LF 99909		8		TOURDH !	7 V 10 '			
			L					<del> </del>	
			8	4 City <	RASOTA	ı	FL 85 Zip (	20de 12233	
office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Stann familiar with, and accept the ob-	502 and 607.1508, Florida Statutes ate of Florida. Such change was au ligations of. Section 607.0505, Flori	s, the abo thorized l ida Statut	ive-named corp by the corporal es.	poration submits this statement tion's board of directors. I here	it for the purpose by accept the	se of changing its appointment as	s registered registered	
SIGNATURE.	Signature, typed of printed name of registered	agent and title if applicable (NOTE:	Registered A	gent signature requi	red when reinstating)	DA	TE	······	
12.	,	AND DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS			
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	ABBOTT, TED		1.2 NAM						
STREET ADDRESS	5701 SARAH AVE			ET ADDRESS	•				
CHY-ST-ZIP	SARASOTA FL	DELETE	1.4 CITY 2.1 TITLE				Change	☐ Addition	
TITLE NAME	D ABBOTT, MARILYN	hand Determ	2.7 HILE 2.2 NAM				Change	LI ROGILION	
STREET ADDRESS	5701 SARAH AVE		1	ET ADDRESS					
CITY-ST-ZIP	SARASOTA FL		2 4 CiTY	· · · ·	•				
TITLE	D	DELETE	3.1 TITLE				Change	Addition	
NAME	ABBOTT, MICHAEL		3.2 NAM	E					
STREET ADDRESS	5701 SARAH AVE		3.3 STAE	ET ADDRESS					
CITY-ST-ZIP	SARASOTA FL			'-ST-ZIP					
TITLE	D	DELETE	4.1 TITLE				Change	Addition	
NAME	ABBOTT, CRAIG		4. 2 NAM						
STREET ADDRESS	5701 SARAH AVE			ET ADDRESS					
CHY-ST-ZIP	SARASOTA FL	DELETE	4.4 CITY			**************************************	Change	Addition	
TITLE		L_J UELETE	5.1 TITLE				in change	L.J Addition	
NAME STORET ADDRESS			5.2 NAMI	ET ADORESS					
STREET ADDRESS				-ST-ZIP					
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		<del></del>	<del> </del>	Change	Addition	
NAME		· ·	6.2 NAM				p-		
STREET ADDRESS				ET ADDRESS					
City-St-ZIP			6.4 CITY	•					
14. Ldo here	by certify that the information supp	lied with this filing does not qualify	for the ex	xemption state	d in Section 119.07(3)(i), Flori	da Statutes. I fu	rther certify that	the	
l am an c	on indicated on this annual report of officer or director of the corporation in Block 12 or Block 13 if changed	or the receiver or trustee empowe	red to ex	ecute this repo	t my signature shall have the trial as required by Chapter 607	same iegai ene , Florida Statute	or as ir made und es; and that my n	uer oam; mai name	

**FILED** 

Feb 13 1997 8:00am

Secretary of State