

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K91458 (5)

1. Corporation Name  
FIND 'EM FAST PLANT SERVICE, INC.



Principal Place of Business

BOB MARTIN  
6246 H-2 S. CONGRESS AVE., STE. 52  
LANTANA FL 33462

Mailing Address

S. CONGRESS  
6246 H-2 S. CONGRESS AVE., STE. 52  
LANTANA FL 33462  
US

2. Principal Place of Business

21 5625 Colbright Rd.  
Suite, Apt. #, etc.

22 City & State

23 LAKE WORTH, FL.  
Zip Country

24 33467 25

2a. Mailing Address

26 5625 Colbright Rd.  
Suite, Apt. #, etc.

27 City & State

28 LAKE WORTH, FL.  
Zip Country

29 33467 30

USA

3. Date Incorporated or Qualified  
05/25/1989

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0193304

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

9. Name and Address of Current Registered Agent

MARTIN, ROBERT W.  
8A CROSSING CIRCLE  
BOYNTON BCH. FL 33435

10. Name and Address of New Registered Agent

81 Name Robert W. Martin  
82 Street Address (P.O. Box Number is Not Acceptable)  
5625 Colbright Rd.  
83  
84 City Lake Worth FL 85 Zip Code 33467

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
P	MARTIN, ROBERT W.	5625 COLBRIGHT RD	LAKE WORTH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

Date

561-968-4912

Daytime Phone #

CR2E034 (9/96)