

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **647838** (2)
1. Corporation Name
PETE'S DRAGLINE SERVICE, INC.

Principal Place of Business 1905 PHILLIPS RD. ALVA FL 33920	Mailing Address 1905 PHILLIPS RD. ALVA FL 33920
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1905 Phillips Rd. Suite, Apt. #, etc.		2a. Mailing Address 26 1905 Phillips Rd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/11/1979	
22 City & State 23 ALVA FL		27 City & State 28 ALVA FL		4. FEI Number 59-1965580 Applied For ☐ Not Applicable	
24 33920		25 Hendry		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
26 33920		27 Hendry		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
28 33920		29 Hendry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**GRIFFITH, ALLAN T.
9150 CLEVELAND AVENUE SOUTH
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	☐ Change ☐ Addition
NAME	STOREY, PETE	1.2 NAME	
STREET ADDRESS	1905 PHILLIPS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	☐ Change ☐ Addition
NAME	STOREY, MILDRED	2.2 NAME	
STREET ADDRESS	1905 PHILLIPS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: **Pete Storey** **AT PETE'S DRAGLINE SERVICE**

1-9-98

941-695-1862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0431527

CR2E034 (10/97)