FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 18 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 # **F94000006552 (3)**

1. Corporation Name
POWERSCREEN OF GEORGIA, INC.

Principal Place of Business
P.O. BOX 5802
LAKELAND FL 33807-5802

Mailing Address
P.O. BOX 5802
LAKELAND FL 33807-5802

3. Date Incorporated or Qualified: 12/22/1994
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3279963 — 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
GUERRY, JONES
C/O HAMIC JONES HAMIC & STURWOLD
1905 S FLORIDA AVEMIE
LAKELAND FL 33803

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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 _____ (NOTE: Registered Agent signature required when removing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MCKEOWN, JOSEPH B	
STREET ADDRESS	463 FLORA CREEK COURT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	V	☐ DELETE
NAME	MCKEOWN, SANDRA	
STREET ADDRESS	463 FLORA CREEK COURT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	SD	☐ DELETE
NAME	GRANT, DENIS R	
STREET ADDRESS	6713 CRESCENT LAKE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	☐ DELETE
NAME	GRANT, MARY M	
STREET ADDRESS	6713 CRESENT LAKE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change	☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 added additional information or an address.

SIGNATURE: Denis Grant 3/12/97 941-687-7153

CR2E034 (9/96)