


**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90091 009 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>																																																																																																																											
<b>DOCUMENT # F94000006552 (3)</b> ✓ 1. Corporation Name <b>POWERSCREEN OF GEORGIA, INC.</b>																																																																																																																															
Principal Place of Business <b>5125 North Frontage Road</b> <b>Lakeland, FL 33810</b>			Mailing Address <b>P.O. Box 5802</b> <b>Lakeland, FL 33807-5802</b>																																																																																																																												
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <b>12/22/1994</b>																																																																																																																															
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number <b>59-3279963</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 owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																											
9. Name and Address of Current Registered Agent <b>GUERRY, JONES</b> <b>C/O HAMIC JONES HAMIC &amp; STURWOLD</b> <b>1905 S FLORIDA AVENUE</b> <b>LAKELAND, FL 33803</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																																																																																																																												
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 <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MCKEOWN, JOSEPH B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>463 FLORA CREEK COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE MARY FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MCKEOWN, SANDRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>463 FLORA CREEK COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE MARY FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SEC</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GRANT, DENIS R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6713 CRESENT LAKE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>1</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>GRANT, MARY M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6713 CRESENT LAKE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PD	<input type="checkbox"/> DELETE	NAME	MCKEOWN, JOSEPH B		STREET ADDRESS	463 FLORA CREEK COURT		CITY-ST-ZIP	LAKE MARY FL		TITLE	V	<input type="checkbox"/> DELETE	NAME	MCKEOWN, SANDRA		STREET ADDRESS	463 FLORA CREEK COURT		CITY-ST-ZIP	LAKE MARY FL		TITLE	SEC	<input type="checkbox"/> DELETE	NAME	GRANT, DENIS R		STREET ADDRESS	6713 CRESENT LAKE DR		CITY-ST-ZIP	LAKELAND FL		TITLE	1	<input type="checkbox"/> DELETE	NAME	GRANT, MARY M		STREET ADDRESS	6713 CRESENT LAKE DR		CITY-ST-ZIP	LAKELAND FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> DELETE																																																																																																																													
NAME	MCKEOWN, JOSEPH B																																																																																																																														
STREET ADDRESS	463 FLORA CREEK COURT																																																																																																																														
CITY-ST-ZIP	LAKE MARY FL																																																																																																																														
TITLE	V	<input type="checkbox"/> DELETE																																																																																																																													
NAME	MCKEOWN, SANDRA																																																																																																																														
STREET ADDRESS	463 FLORA CREEK COURT																																																																																																																														
CITY-ST-ZIP	LAKE MARY FL																																																																																																																														
TITLE	SEC	<input type="checkbox"/> DELETE																																																																																																																													
NAME	GRANT, DENIS R																																																																																																																														
STREET ADDRESS	6713 CRESENT LAKE DR																																																																																																																														
CITY-ST-ZIP	LAKELAND FL																																																																																																																														
TITLE	1	<input type="checkbox"/> DELETE																																																																																																																													
NAME	GRANT, MARY M																																																																																																																														
STREET ADDRESS	6713 CRESENT LAKE DR																																																																																																																														
CITY-ST-ZIP	LAKELAND FL																																																																																																																														
TITLE		<input type="checkbox"/> DELETE																																																																																																																													
NAME																																																																																																																															
STREET ADDRESS																																																																																																																															
CITY-ST-ZIP																																																																																																																															
TITLE		<input type="checkbox"/> DELETE																																																																																																																													
NAME																																																																																																																															
STREET ADDRESS																																																																																																																															
CITY-ST-ZIP																																																																																																																															
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
1.2 NAME																																																																																																																															
1.3 STREET ADDRESS																																																																																																																															
1.4 CITY-ST-ZIP																																																																																																																															
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
2.2 NAME																																																																																																																															
2.3 STREET ADDRESS																																																																																																																															
2.4 CITY-ST-ZIP																																																																																																																															
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
3.2 NAME																																																																																																																															
3.3 STREET ADDRESS																																																																																																																															
3.4 CITY-ST-ZIP																																																																																																																															
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
4.2 NAME																																																																																																																															
4.3 STREET ADDRESS																																																																																																																															
4.4 CITY-ST-ZIP																																																																																																																															
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
5.2 NAME																																																																																																																															
5.3 STREET ADDRESS																																																																																																																															
5.4 CITY-ST-ZIP																																																																																																																															
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																														
6.2 NAME																																																																																																																															
6.3 STREET ADDRESS																																																																																																																															
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

6/15/99 941-6877153