

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G53542

(8)

1. Corporation Name:

POWERSCREEN OF FLORIDA, INC.

Principal Place of Business

5125 N. Frontage Rd.
Lakeland, FL 33810

Mailing Address

P.O. Box 5802
Lakeland, FL 33807

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

Jones, Guerry
1905 S. Florida Avenue
c/o Hamic Jones Hamic & Sturwold
Lakeland, FL 33803

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 submit 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 of a 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 if that applies)

(Print Name of Agent if not a corporation or partnership)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

[] DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

[] Change [] Add

*****2867655-4
-09/07/99--01104-013
****150.00 ****150.00

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ben Jones

4/20/99 941-687-7153

FILED

99 MAY -3 PM 1:46

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/10/83

4. FEI Number

59-2316750

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee for period

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

[X] Yes [] No

10. Name and Address of New Registered Agent

CR2E034 (1-99)