Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90086 005 \*\*\*150.00

## 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 # HQRR47

1. Corporation SCOTT'S	BOBCAT SERVICE, INC.				1 (45) W. G. (5) (6) (6) (6) (6) (6) (6) (7) (7) (7)	1813 82811 81811 81811 W	1811 <b>8</b> 1811 1 <b>86</b> 1
Principal Place of Business		Mailing Address	Mailing Address			INIT 45011 NINIT ATALL A	1811 8/8/1 1881
		% GAIL W. SCOTT	• • • • • • • • • • • • • • • • • • • •				
2550 NE 16TH ST. POMPANO BCH. FL 33062		2550 NE 16TH ST. POMPANO BCH, FL 33062		DO NOT WRITE IN THIS SPACE			
US		US		3. Date incorporated or Qualifed			
					02/12/1986		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Api	plied For
21		26			59-2636980		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27				Fee Re	<del>· · · · · · · · · · · · · · · · · · · </del>
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	, i	
Zip 24	Country 25	Zip 29 3	Country 30	•	8. This corporation owes the current year Personal Property Tax.		□No
!	9. Name and Address of Curre		-		10. Name and Address of New Registe	red Agent	
			81	Name			
SCOTT, GAIL W.			82	Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del>	
2550 NE 16TH ST.							····
POM	PANO BCH. FL 33062		83	_			
•			84 City			FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1508. Florida Statuter	s, the above	e-named com	poration submits this statement for the numos	e of changing its	registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was aut	thorized by	the corporation	on's board of directors. I hereby accept the a	ppointment as reg	gistered
SIGNATURE	in terrane. The parts decept the early						
	Signature, typed or printed name of registered ago	<del></del>		nt signature require	ed when reinstating) DAT		50.0440
12.		OFFICERS AND DIRECTORS 1:		<del></del>	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
TITLE	P COOTT CALL M	□ DELETE	1.1 TITLE			Change	Acciden
NAME	SCOTT, GAIL W. 2550 N.E. 16TH STREET		1.2 NAME	TADODESO			ļ
STREET ADDRESS	POMPANO BCH. FL		1.3 STREET ADORESS				
CITY-ST-ZIP TITLE	FOMFANO BON. FL	DELETE	2.1 TITLE			Change	Addition
NAME		C 0222.10	2.2 NAME			•	_
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				l ,
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	·		3.3 STREET ADDRESS				
CATY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE -		•	☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS	\$500 m		4.3 STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		4.4 CITY- ST- ZIP				
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME			•	
STREET ADDRESS			i i	T ADDRESS			l
CITY-ST-ZIP		— □ BELETE	5.4 CITY-S	T-ZIP		Chana-	□ Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

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 trusted 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURED

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR