

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J61106 (7)

1. Corporation Name
KINETIC STUMP CUTTER, INC.



Principal Place of Business
9207 W. HIGHLAND PINES DR.
PALM BEACH GARDENS FL 33418
US

Mailing Address
P.O. BOX 32758
PALM BEACH GARDENS FL 33420-2758
US

3. Date Invoiced or Qualified 03/10/1987 3a. Date of Last Report 04/25/1995

4. FEI Number 59-2844958 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

2. Principal Place of Business
21 9054 E. HIGHLAND PINES DR.
22 Suite, Apt. #, etc.
23 City & State: PALM BEACH GARDENS, FL
24 Zip: 33418 25 Country: U.S.

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

9. Name and Address of Current Registered Agent

RUSSELL E. MOLLBERG JR. - PRESIDENT
9207 W. HIGHLAND PINES DRIVE
PALM BCH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: RUSSELL E. MOLLBERG JR. - PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable):
83 9054 E. HIGHLAND PINES DRIVE
84 City: PALM BEACH GARDENS FL 85 Zip Code: 33418

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 of the person who is authorized to sign this report on behalf of the corporation

Signature of the person who is authorized to sign this report on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

1. TITLE PT
NAME MOLLBERG, RUSSELL E. JR.
STREET ADDRESS 9207 W. HIGHLAND PINES DR.
CITY, ST, ZIP PALM BCH GARDENS FL
2. TITLE VS
NAME MOLLBERG, PAUL R.
STREET ADDRESS 5011 27TH PL. S.W. APT. A
CITY, ST, ZIP NAPLES FL
3. TITLE V
NAME MOLLBERG, DOROTHEA J
STREET ADDRESS 5011 27TH PL. S.W. APT A
CITY, ST, ZIP NAPLES FL
4. TITLE V
NAME MOLLBERG, RUSSEL J
STREET ADDRESS 128 CHAUCER LANE
CITY, ST, ZIP WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PT ☒ Change ☐ Addition
NAME MOLLBERG, RUSSELL E. JR.
STREET ADDRESS 9054 E. HIGHLAND PINES DR.
CITY, ST, ZIP PALM BCH GARDENS, FL 33418
2. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE V ☒ Change ☐ Addition
NAME MOLLBERG, RUSSELL J.
STREET ADDRESS 5011 27TH PL. S.W. APT A
CITY, ST, ZIP NAPLES, FL 33999
5. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Russell E. Mollberg Jr. RUSSELL E. MOLLBERG JR. 1-20-96 407-625-4441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (12/95)