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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

Mar 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** J61106 KINETIC STUMP CUTTER, INC. Principal Place of Business Mailing Address 9054 E HIGHLAND PINES OR P.O. BOX 32758 PALM BEACH GARDENS FL 33420-2758 PALM BEACH GARDENS FL 33418 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 03/10/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2844958 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOLLBERG, RUSSELL E 9054 E. HIGHLAND PINES DR. 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 **B**3 84 City Zio Code 85 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: Registored Agent signature required when reinstaling) 10/97 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE MOLLBERG, RUSSELL E. JR. 1.2 NAME NAME CR2E034 9054 E. HIGHLAND PINES DR. STREET ADDRESS 1.3 STREET ADDRESS PALM BCH GARDENS FL 33418 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Спапре Addition TITLE MOLLBERG, PAUL R. MOLLBERG, PAUL R. NAME 2.2 NAME 5011 27TH PL. S.W. APT. A P.O. BOX 9695 STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL NAPLES, FL 34101 - 9695 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE Change TITLE 31 TITLE MOLLBERG, RUSSELL J NAME 3.2 NAME 5011 27TH PLACE, SW, APT. A STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 33999 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE MOLLBERG, DOROTHEA J. NAME 4. 2 NAME 9054 E. HIGHLAND PINES Drive STREET ADDRESS 4.3 STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE ZAUGG, KRISTINE D. NAME 5.2 NAME

FILED

14. Thereby 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 ghanged, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

33 LAKESIDE CIRCLE

☐ Change

Addition

JUPITER, FL 33458

SIGNATURE & WAR & MUNICIPER A. RUSSELL E. MOLLBERG JR. MARCH 13, 1998 561-776-8697