


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

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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90047 013 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J61106**

1. Corporation Name  
**KINETIC STUMP CUTTER, INC.**



Principal Place of Business 9054 E HIGHLAND PINES DR. PALM BEACH GARDENS FL 33418 US	Mailing Address P.O. BOX 32758 PALM BEACH GARDENS FL 33420-2758
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>03/10/1987</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2844958</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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

**MOLLBERG, RUSSELL E**  
**9054 E. HIGHLAND PINES DR.**  
**PALM BEACH GARDENS FL 33418**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MOLLBERG, RUSSELL E. JR.	
STREET ADDRESS	9054 E. HIGHLAND PINES DR.	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOLLBERG, PAUL R.	
STREET ADDRESS	P O BOX 9695	
CITY-ST-ZIP	NAPLES FL 34101-9695	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOLLBERG, RUSSELL J	
STREET ADDRESS	5011 27TH PLACE, SW, APT. A	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MOLLBERG, DOROTHEA J	
STREET ADDRESS	9054 E HIGHLAND PINES DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZAUGG, KRISTINE D	
STREET ADDRESS	133 LAKESIDE CR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V</b> <b>MOLLBERG, PAUL R.</b>
2.3 STREET ADDRESS	<b>331 16TH ST. SE.</b>
2.4 CITY-ST-ZIP	<b>NAPLES, FL 34151</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>V</b> <b>MOLLBERG, RUSSELL J.</b>
3.3 STREET ADDRESS	<b>P.O. Box 32758</b>
3.4 CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33420-2758</b>
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: *Russell E. Mollberg Jr.* **RUSSELL E. MOLLBERG JR., Pres.** **MARCH 10, 1999** **(561) 776-8697**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (11/98)