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

SIGNATURE

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS K65579 DOCUMENT # (0)1. Corporation Name ABC CUTTING CONTRACTORS OF MARYLAND, INC. Principal Place of Business Mailing Address 2001 ANDREWS AVE 6802 INDUSTRIAL BELTSVILLE FL 33069-1420 STF 112 BELDSVILLE MD 20705 3. Date Incorporated or Qualified 02/14/1989 05/23/1995 2. Principal Place of Business 2a. Mailing Addre 4. FEI Number Applied For 6128 B 52-1610812 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032. 24 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Am E BEILLY, BRAD Street Address (P.O. Box Number is Not Acceptable) 82 790 E. BROWARD BLVD. SUITE 200 83 FT.LAUDERDALE FL 33301 84 City 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 are accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered againt and title if annicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE Change Addition MCCOY, LARRY W. NAME 1.2 NAME 2001 ANDREWS AVE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP PD TITLE DELETE 2.1 TITLE Addition MAGILL, PATRICIA NAMÉ 2.2 NAME 6802 INDUSTRIAL DR 6128 Industrial STREET ADDRESS 2.3 STREET ADDRESS **BELTSVILLE MD** CITY-ST-ZIP 2.4 CITY - \$1 - ZIP TITLE , DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4. 1 TITLE Addition Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS C/TY-ST-Z/P 4.4 CITY - \$1 - 7IP TITLE DELETE 5.1 TILLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP TITLE DELETE 6 1 TITLE Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - 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 eath; 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

1/19/95 301-595-4758