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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # K65579

(0)

ABC CUTTING CONTRACTORS OF MARYLAND, INC.

Principal Plac 6728 B INDUS' BELTSVILLE M US	TRIAL	Mailing Address 9726 B INDUSTRAIL BELYSVILLE MD 20705 US	> P 6 B INDUSTRAIL LYSVILLE MD 20705		3. Date Incorporated or Qualified 02/14/1989 05/01/1996			
9 Denoised C	lace of Business	2a. Mailing Address			4. FEI Number	100/01/		olied For
2. Frincipai F	Tage of numicus	26 Willing Address	728	B	52-1610812			Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 A	
City & Stat	15	City & State			6. Election Campaign Financing	MEA	\$5.00	
23		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Cou	intry	8. This corporation has liability for			199.032,
24	25	29	30	4-10-10-10-1		Yes 1		
	9. Name and Address of Curi	rent Registered Agent		1	10. Name and Address of New R	egistered Age	int	
BEI	lly, brad			81 Name				
	e. Broward Blvd.			82 Street Add	ress (P.O. Box Number is Not Accepta	ible)		
	TE 200			-			-	
FT.I	LAUDERDALE FL 33301			83				
				84 City		FL ⁶	35 Zip C	ode
				<u> </u>	poration submits this statement for the			loto and
SIGNATURE	Signinies by ad or printed name of registered OPETCERS A	agent and title if applicable (NOTE: Registere	d Agent signature requ	ired when reinstailing) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DI	IRECTOR:	S IN 12
TILE	SD	DELETE	1.1 7	ITLE			Change	Addition
NAME	MCCOY, LARRY W.		1.2 N	IAME				
STREET ADDRESS	2001 ANDREWS AVE		1.3 9	TREET ADDRESS				
CITY-ST ZIP	POMPANO BCH FL		1.40	BITY-\$T-ZIP		····		
TITLE	PD	☐ DELETE	2.1 T	ITLE -		L	Change	Addition
NAME	MAGILL, PATRICIA		l l	IAME				
STREET ADDRESS	6728 INDUSTRIAL DRIVE		1	STREET ADDRESS				
CITY - ST - ZIF	BELTSVILLE MD	DELETE	3.11	CITY - ST - ZIP			Change	Addition
TITLE		FT DIECIT		AME		·		
NAME STREET ADDRESS				STREET ADDRESS				
CHY-ST-ZiP			l l	CITY - ST - ZIP				
TILE		☐ DELETE		IITLE			Change	Addition
NAME			4 2	NAME				
STREET ADDRESS			435	STREET ADDRESS				
CITY - S1 - Z)P			440	CITY-ST-ZIP			T-2:	——————————————————————————————————————
Tif (F		DELETE		TITLE		L.	Change	Addition
NAME				NAME				
SPREET ADDRESS				STREET ADDRESS				
CITY - ST - ZIP		Driete		CITY-ST-ZIP			Change	Addition
TITLE	1	DELETE	61	TITLE		<u></u>	_ unange	- Maderiali

14. I do 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 exemptation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

C(1Y - S1 - ZIP

FILED

Mar 27 1997 8:00am

Secretary of State