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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

KLINE'S BACKHOE SERVICE, INC.

Principal Place of Business

C/O HURRELL BORERT K

Mailing Address

C/O HUBBELL POREDT M

FILED Jan 27 1998 8:00am Secretary of State



954 181.7 565

5301 SW 10TH ST. PLANTATION FL 33317		5301 SW 10TH ST. PLANTATION FL 33317				DO NOT WRITE IN THIS SI	PACE		
	, -	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				3. Date Incorporated or Qualified 08/08/1989			
	ace of Business	2a. Mailing Address				4. FEI Number	TT	Applied For	
21 2421 5W 28 are 26						65-0137531	П	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		5 Additional Required	
City & State City & State						6. Election Campaign Financing	\$5.0	00 May Be	
23 JX frank Ola 28						Trust Fund Contribution	Adde	ed to Fees	
Zip Country U_SQ Zip			$\overline{}$	Country		8. This corporation owes or has paid the curre			
<u> 24 フンン/</u>	25 2701.2		30	т			Yes	∐ No	
9, Name and Address of Current Registered Agent LINERELL DOREDT K 61						10. Name and Address of New Registered A	gent		
HUBBELL, ROBERT K.					81 Name				
5301 SW 10TH ST.					82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33317				83					
				84	City	FL	85 Zr	p Code	
44 Pureupal	to the provisions of Castions 607 0503	and CO7 1509 Elorida Statut	on the e		- nomed core		L L	- lie registered	
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.									
agent. La	m familiar with, and accept the obliga	tions of, Section 607.0505, Fig	onda Sta	tutes.					
SIGNATURE	Signature, typod or printed name of registered agen	I and title if applycable (NO16	- Register	n Aner	nt sinnet vo recuir	ed when reinslating) DATE			
12.	OFFICERS AND		13.	o Agen	t significato region	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	
TITLE	DS	DELETE	1.1 1	ITLE			Change		
NAME	KLINE, WILLIAM C.		1.2 N	IAME			_	-	
STREET ADDRESS	2421 SW 28TH AVE.				ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	LATIDEDDALE EL		ITY-ST					
TITLE	DP	DELETE			1		Change	e Addition	
NAME	KLINE, WILLIAM E.	E. 2.2		IAME					
STREET ADDRESS	2421 SW 28TH AVE.		2.3 S	TREE 1 /	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL			2. 4 CITY - ST - ZIP					
TITLE			3.1 T				Change	e Addition	
NAME	KLINE, MARTHA K. 33		3.2 N	3.2 NAME					
STREET ADDRESS	2421 SW 28TH AVE.		3.3 S	TREET A	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 (City-St	1 - ZIP				
TITLE		DELETE	4.1 T	TLE			Change	e 🔲 Addition	
NAME			4.21	IAME					
STREET ADDRESS			4.3 \$	TREET A	ADDRESS				
CITY-ST-ZIP			44C	ITY-ST	- ZIP				
TITLE		DELETE	511	TLE			Change	e 🔲 Addition	
NAME			5.2 N	AME				i	
STREET ADDRESS			538	tree1 a	ADDRESS				
CITY-ST-ZIP			54C	TY-ST-	- ZIP				
TITLE		☐ DELETE	6.1 T	TL€			Change	e 🔲 Addition	
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	IREET A	ADDRESS				
CITY-ST-ZIP	and the state of t			ITY - ST -		0 1 10 07/0/10 5			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.									