

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

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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07524

1. Corporation Name

KLINE'S BACKHOE SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2421 SW 28 AVE
5301 SW 10TH ST.
FT LAUDERDALE FL 33312
US

Mailing Address
C/O HUBBELL, ROBERT K.
5301 SW 10TH ST.
PLANTATION FL 33317

3. Date Incorporated or Qualified

08/08/1989

4. FEI Number

65-0137531

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Tangible
Personal Property Tax.

☒ Yes
☐ No

2. Principal Place of Business
21 1233 NE 13 Ave
Suite, Apt. #, etc.
22 Ft. Lauderdale, FL
City & State
23 33304
Zip
Country U.S.
25
26 Hubbell, R.K.
Suite, Apt. #, etc.
27 5301 SW 10 St
City & State
28 Plantation, FL
Zip
Country U.S.
29 33317
30

9. Name and Address of Current Registered Agent

HUBBELL, ROBERT K.
5301 SW 10TH ST.
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name Approved Associates, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
100 East Linton Blvd.
83 Suite 201A
84 City Delray Beach FL 33483
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

Signature, typed or printed name of registered agent (no title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DS
NAME KLINE, WILLIAM C.
STREET ADDRESS 2421 SW 28TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE DP
NAME KLINE, WILLIAM E.
STREET ADDRESS 2421 SW 28TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE DVP
NAME KLINE, MARTHA K.
STREET ADDRESS 2421 SW 28TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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 indicates 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

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)