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

Feb 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (9)L58456 COAST BACKHOE RENTAL, INC. Principal Place of Business Mailing Address C/O DOUGLAS EDWARD BLOWS C/O DOUGLAS EDWARD BLOWS 3911 WATER STREET 3911 WATER STREET DO NOT WRITE IN THIS SPACE **ELLENTON FL 34222 ELLENTON FL 34222** 3. Date Incorporated or Qualified 03/15/1990 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0195366 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 30 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **BLOWS, DOUGLAS EDWARD 3911 WATER STREET** 82 Street Address (P.O. Box Number is Not Acceptable) **ELLENTON FL 34222** 83 84 City 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ Change ☐ Addition DELETE TITLE D 1.1 TITLE **BLOWS, DOUGLAS EDWARD** NAME 1.2 NAME 3911 WATER STREET STREET ADDRESS 1.3 STREET ADDRESS **ELLENTON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition BECKER, DONA M NAME 22 NAME **3911 WATER ST.** STREET ADDRESS 23 STREET ADDRESS **ELLENTON FL 34222** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NÁME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$T-2IP DELETE ☐ Change ☐ Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY - ST - ZIP

14. Thereby 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.

SIGNATURE: DONA BECKED

FILED