

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M77941** (6)

1. Corporation Name
COTHRON'S BOBCAT SERVICE, INC.



Principal Place of Business
**704 OLD DARBY ST.
SEFFNER FL 33584**

Mailing Address
**704 OLD DARBY ST.
SEFFNER FL 33584**

3. Date Incorporated or Qualified: **04/26/1988** 3a. Date of Last Report: **05/01/1995**

4. FLE Number: **59-2885086** Applied For: Not Applicable

5. Continuity of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30. 9. Name and Address of Current Registered Agent

**COTHRON, JOSEPH A.
704 OLD DARBY ST.
SEFFNER FL 33584**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City FL 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 _____ DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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<p><input type="checkbox"/> DELETE</p> <p>1. TITLE: D</p> <p>2. NAME: COTHRON, JOSEPH A.</p> <p>3. STREET ADDRESS: 704 OLD DARBY ST.</p> <p>4. CITY, ST, ZIP: SEFFNER FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1. TITLE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY, ST, ZIP</p> <p>5. PHONE</p> <p>6. FAX</p>
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14. I, the undersigned, certify that the information supplied with this filing is warranted, furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. Further, I certify that this information is included on this corporation's annual report or successor annual report to be filed and approved 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 that I am a duly authorized agent, 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, as originally filed with this filing.

SIGNATURE: SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96 813-685-4590

CR2E034 (12/95)