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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M77941

(6)

COTHRON'S BOBCAT SERVICE, INC.	(0)			
Principal Place of Business Ma	illing Address		- T TO DESCRIP HAS REALL LOWER HALFA DIRECT AND A	ATURA DIDIT DEGAL BIBIL DIDIT SIDIT TODI
101 000 011101 011	4 OLD DARBY ST. FFNER FL 33584-4012			
			 Date Incorporated or Qualified 04/26/1988 	3a. Date of Last Report 05/01/1996
— ₁ '	Mailing Address		4. FEI Number	Applied For
21 26 26	Suite, Apt. #, etc.		59-2885086	Not Applicable
Suite, Apt #, etc. 27	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23			Trust Fund Contribution	Added to Fees
Zip Country 24 25 29	Zip	Country 30		Yes No
9, Name and Address of Current Regist	tered Agent		10. Name and Address of New Re	gistered Agent
COTHRON, JOSEPH A.		81 Name		
704 OLD DARBY ST. Seffner Fl 33584			ress (P.O. Box Number is Not Acceptat	ole)
		63		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 60 office or registered agent or both in the State of Floric	07.1508, Florida Statu	ites, the above-named corp	poration submits this statement for the p	purpose of changing its registered
office or registered agent, or both, in the State of Floric agent. I am familiar with and accept the obligations of SIGNATURE. Signature: typed or profiled name of registered agent and tise.	da Such change was , Section 607.0505, F	authorized by the corporationida Statutes. TE: Registered Agent signature requi	tion's board of directors. I hereby acception is board of directors. I hereby acception is board of directors.	purpose of changing its registered of the appointment as registered
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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 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 of Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97

813-685-4590

Daytime Phone #

FILED

Apr 15 1997 8:00am

Secretary of State