

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000056941 (6)**

1. Corporation Name

**T & T TRACTOR AND BOBCAT SERVICE, INC.**



Principal Place of Business <b>9948 WOODWIND LN LAKE WORTH FL 33467</b>	Mailing Address <b>9948 WOODWIND LN LAKE WORTH FL 33467</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

**08/13/1993**

4. FEI Number

**65-0429280**

Applied For

Not Applicable

5. Certificate 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHILLINGWORTH, CHARLES C. ESQ.  
2090 PALM BEACH LAKES BLVD.  
SUITE 800  
WEST PALM BCH. FL 33409**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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 type for printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TREVINO, CEZAR</b>	
STREET ADDRESS	<b>9948 WOODWIND LN</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPOS, MAINOR</b>	
STREET ADDRESS	<b>9948 WOODWIND LN</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	

TITLE	<b>VPD- PD, TREASURER, Director</b>	<input type="checkbox"/> DELETE
NAME	<b>TREVINO, MARIA</b>	
STREET ADDRESS	<b>9948 WOODWIND LN</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President/Treasurer</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Maria Trevino</b>	
1.3 STREET ADDRESS	<b>9948 Woodwind Lane</b>	
1.4 CITY-ST-ZIP	<b>Lake Worth, FL 33467</b>	

2.1 TITLE	<b>VPD/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Campos, Mainor</b>	
2.3 STREET ADDRESS	<b>9948 Woodwind Lane</b>	
2.4 CITY-ST-ZIP	<b>Lake Worth, FL 33467</b>	

3.1 TITLE	<b>Sulema Trevino</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Secretary/Director</b>	
3.3 STREET ADDRESS	<b>9948 Woodwind</b>	
3.4 CITY-ST-ZIP	<b>Lake Worth FL 33467</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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; that I am a resident 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:

*Maria Trevino*

*President*

*2/24/98 601 9641523*

CR2E034 (10/97)