

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90268 002 ***150.00

DOCUMENT # P94000048352

1. Corporation Name

C & S TRENCHLINE INC.

Principal Place of Business

2830 W. HOLLOWAY RD.
PLANT CITY FL 33567

Mailing Address

2830 W. HOLLOWAY RD.
PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1994

4. FEI Number

59-3254896

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2610 SR 39

Suite, Apt. #, etc.

22 City & State

23 Crystal Springs, FL

Zip

24 33540

Country

25 USA

2a. Mailing Address

26 PO Box 548

Suite, Apt. #, etc.

27 City & State

28 Crystal Springs, FL

Zip

29 33524

Country

30 USA

9. Name and Address of Current Registered Agent

REYNOLDS, STEVEN J
2830 W. HOLLOWAY RD.
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name Long, Donald C. Jr

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

83 2610 SR 39

84 City Crystal Springs, FL

85 Zip Code

FL 33540

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 Donald C. Long Jr - President

(NOTE: Registered Agent signature required when resigning)

4-19-99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME REYNOLDS, STEVEN J
STREET ADDRESS 2830 W HOLLOWAY RD
CITY-ST-ZIP PLANT CITY FL

TITLE V ☐ DELETE

NAME LONG, DONALD C JR
STREET ADDRESS 3201 CHOROKEE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: Donald C. Long Jr - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Daytime Phone #

CR2E034 (11/98)