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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000085228 (2)

1. Corporation Name

ANDREW J BAUMKER, JR. MOBILE DRAGLINE SERVICE, I
NC.



Principal Place of Business

2152 SO. JENKINS ROAD
FORT PIERCE FL 34947

Mailing Address

2152 SO. JENKINS ROAD
FORT PIERCE FL 34947-4330

3. Date Incorporated or Qualified
11/21/1994

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

21 Rt. 6 Box 889

Suite, Apt. #, etc.

22

City & State

23 Okeechobee, FLA.

Zip

24 34974

Country

25

2a. Mailing Address

26 Rt. 6 Box 889

Suite, Apt. #, etc.

27

City & State

28 Okeechobee, FLA.

Zip

29 34974

Country

30

4. FEI Number

65-0538195

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BAUMKER, MONYA E
2152 SO. JENKINS ROAD
FORT PIERCE FL 34947

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRES ☐ DELETE

NAME BAUMKER, ANDREW JR
STREET ADDRESS 2152 SO. JENKINS ROAD
CITY - ST - ZIP FT. PIERCE FL

TITLE SECT ☐ DELETE

NAME BAUMKER, MONYA E
STREET ADDRESS 2152 SO. JENKINS ROAD
CITY - ST - ZIP FT. PIERCE 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 Pres. ☒ Change ☐ Addition

1.2 NAME Baumker, Andrew J. Jr.

1.3 STREET ADDRESS Rt. 6 Box 889

1.4 CITY - ST - ZIP Okeechobee, FLA. 34974

2.1 TITLE Sect. ☒ Change ☐ Addition

2.2 NAME Baumker, Monya E.

2.3 STREET ADDRESS Rt. 6 Box 889

2.4 CITY - ST - ZIP Okeechobee, FLA. 34974

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 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Monya E. Baumker (Monya E. Baumker)

1-16-97 (941-946-0272)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0473528

CR2E034 (9/96)