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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000012952 (4)

KAT'S BOBCAT TRACKHOE SERVICE, INC.

FILED Mar 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 11615 SIR WINSTON WAY 11615 SIR WINSTON WAY ORLANDO FL 32824-6006 ORLANDO FL 32824-6006 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1995 2. Principal Place of Business 2a. Mailing Address El Numbel Applied For 26 59-3298787 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zıp Country 8. This corporation owes or has paid the current year Intangible 30 Yes □ No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DOWLAT, KAT 11615 SIR WINSTON WAY 62 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32824-6006 83 84 City Zip Code **B**5 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2E034 (10/97 12. 13. DELETE Change Addition TITLE 1.1 TITLE DOWLAT, KATWAROO NAME 1.2 NAME STREET ADDRESS 11615 SIR WINSTON WAY 1.3 STREET ADDRESS ORLANDO FL 32824-6006 CITY+ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 T/JLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.5 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **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 acquait report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the economic report in 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 any attachment with an address.