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FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000060915 (0)

1. Corporation Name

C'S AND D'S HAULING INC

Principal Place of Business

15 JUNIPER PASS TRAIL
OCALA FL 34480

Mailing Address

15 JUNIPER PASS TRAIL
OCALA FL 34480

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/14/1997

4. FEI Number

31-1492474

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

MOBLEY, CHARLES E JR
15 JUNIPER PASS TRAIL
OCALA FL 34480

10. Name and Address of New Registered Agent

81 Name Mobley CHARLES E. JR.
82 Street Address (P.O. Box Number is Not Acceptable)
15 JUNIPER PASS TRAIL
83
84 City Ocala FL 85 Zip Code 34480

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 CHARLES E Mobley JR.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~Pres.~~
~~CHARLES E. Mobley JR.~~
~~15 JUNIPER PASS TRAIL~~
~~OCALA FL 34480~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~VICE Pres.~~
~~CAROL ANN Mobley~~
~~15 JUNIPER PASS TRAIL~~
~~OCALA FL 34480~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~NAME~~
~~STREET ADDRESS~~
~~CITY-ST-ZIP~~

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~~CITY-ST-ZIP~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

~~NAME~~
~~STREET ADDRESS~~
~~CITY-ST-ZIP~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

~~VICE Pres.~~
~~CAROL ANN Mobley~~
~~15 JUNIPER PASS TRAIL~~
~~OCALA FL 34480~~

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

~~NAME~~
~~STREET ADDRESS~~
~~CITY-ST-ZIP~~

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

~~NAME~~
~~STREET ADDRESS~~
~~CITY-ST-ZIP~~

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

~~NAME~~
~~STREET ADDRESS~~
~~CITY-ST-ZIP~~

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

~~NAME~~
~~STREET ADDRESS~~
~~CITY-ST-ZIP~~

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

~~NAME~~
~~STREET ADDRESS~~
~~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.

SIGNATURE:

CHARLES E. Mobley JR.

1/15/98

CR2E034 (10/97)