**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

1999

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90087 018 \*\*\*150.00

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DOCUI	MENT # P98000	0017996		
·· Corporation	ii iiuniy			
IHEASU	RE COAST KUBOTA, INC.	•		A COMPAGNICA CANDERS CONTROL SERVI AND MANUAL SERVICE CONTROL SERVICE
Principal Place	e of Business	Mailing Address		t i bei bet it e ifest ifett abeit abeit abeit abet cibra cone ches geten gut saar
15838 ORANGE		15838 ORANGE AVENUE		
FT. PIERCE FL	34945	FT. PIERCE FL 34945		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				02/23/1998
	tace of Business	2a. Mailing Address	~ **	4. FEI Number Applied For Not Applicable
<u> </u>	same as above	26 Same as ab Suite, Apt. #, etc.	ore_	_ \$8.75 Additional
Suite, Apt.	#, etc.	27		5. Certificate of Status Desired Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country		ountry	8. This corporation owes the current year Intengible Personal Property Tax.   Yes  No
24	9. Name and Address of Curre			10. Name and Address of New Registered Agent
	o. Italia and Addition of Conta		B1 Name	
MEHAFFEY, JAMES 15838 ORANGE AVENUE			82 Street	et Address (P.O. Box Number is Not Acceptable)
			L.L.	
FOR	IT PIERCE FL 34945		83	·
			84 City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes, the	bernamed	od corporation submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State	of Florida. Such change was authorizations of, Section 607.0505, Florida St	ed by the corporations.	od corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	ill ibilitiza triot, city decept the seed			
	Signature, typed or printed name of registered ag		red Agent signature : 3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	VP OFFICERS A	10 07120.0.10	TITLE	☐ Change ☐ Addition
NAME	CHILDS, JACK		NAME	
STREET ADDRESS	15838 ORANGE AVENUE	1.3	STREET ADDRESS	s
C17Y-ST-20P	FORT PIERCE FL 34945		CITY-ST-ZP	☐ Change ☐ Addition
TITLE	DPS	_	ITILE	Change Addition
NAME	MEHAFFEY, JAMES		NAME	
STREET ADDRESS	15838 ORANGE AVENUE FT. PIERCE FL 34945		STREET ADDRESS 4 CTTY-ST-ZIP	)
CITY-ST-ZIP	FI. PIENCE FL 34843		TITLE	Change Addition
NAME		32	NAME	
-STREET ADDRESS		3.	STREET ADDRESS	s
CITY-ST-ZIP			CITY-ST-ZIP	☐ Change ☐ Add/tion
TILE		<del>-</del> · · ·	TITLE	Change L'Addition
NAME			2 NAME STREET ADDRESS	
STREET ADDRESS:		1	CITY-ST-ZIP	
TILE			TITLE	☐ Change ☐ Addition
NAME		52	NAME .	
STREET ADDRESS			STREET ADDRESS	ss
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	- · · · · · · · · · · · · · · · · · · ·	C)	ME	☐ Change ☐ Addition
NAME			NAME	
STREET ADORESS	ī	ندة ا	STREET ADDRESS	~

64 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 cath; that I am an officer or director, of the corporation or the receiver or trustee empowered to execute this report as required by Chepter 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 489 7704 4.28.99

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