Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90131 041 ***158.75

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

DOCUMENT # P98000024119

1. Corporation Name

SPECIALIZED BOBCAT SERVICE, INC.

Principal Place	of Business	Mailing Address			- [1884)881 118 (818) 1841 83111 80111 88111 8811	4 HON OIDEN HEST	#J# :#! !##!	
14769 67TH ST	REET NORTH	14769 67TH STREET NORTH						
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470						0.004.05		
					DO NOT WRITE IN THE	SPACE		
					3. Date Incorporated or Qualifed			
,		1 a 84 31 a 4 days			03/13/1998 4. FEI Number		olied For	
<u></u> '	lace of Business	2a. Mailing Address			65-0822244		Applicable	
21)	4 ***	Suite, Apt. #, etc.			<u> </u>	\$8.75 A		
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired	Fee Re	_	
_ City & State	9	City & State	يسبتني		6. Election Campaign Financing	\$5.00	,	•
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country Zip Co. 25 29 30		Country	′	8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
	9. Name and Address of Current		<u>- </u>		10. Name and Address of New Registered	Agent		
			81	Name		•		
	SON, DENIS R		82	Ctroot Addres	ss (P.O. Box Number is Not Acceptable)	_		
14769 67TH STREET NORTH				Street Addre	iss (F.O. Box Number is Not Acceptable)			
LOXAHATCHEE FL 33470			83					
			84	- C'4		85 Zip C	ode	
			84	City	FI		Joue	
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was autr	norized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	of changing its pintment as reg	registered jistered	
SIGNATURE	•		a Statutes		<u> </u>			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	a Statutes	nt signature required	when reinstating) DATE			3
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	a Statutes egistered Age		<u> </u>	AND DIRECTO	RS IN 12	(00)
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	a Statutes egistered Age 13. 1.1 TITLE		when reinstating) DATE			(00)
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DP WILSON, DENIS R	and title if applicable. (NOTE: Re	a Statutes egistered Age 13. 1.1 TITLE 12 NAME	nt signature required	when reinstating) DATE	AND DIRECTO	RS IN 12	(00)
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DP WILSON, DENIS R 14769 67TH STREET NORTH	and title if applicable. (NOTE: Re	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature required	when reinstating) DATE	AND DIRECTO	RS IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND OP WILSON, DENIS R 14769 67TH STREET NORTH LOXAHATCHEE FL 33470	and title if applicable. (NOTE: Red) DIRECTORS	a Statutes 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S	nt signature required	when reinstating) DATE	ND DIRECTO	RS IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND DP WILSON, DENIS R 14769 67TH STREET NORTH LOXAHATCHEE FL 33470 DVST	and title if applicable. (NOTE: Re	a Statutes egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature required	when reinstating) DATE	AND DIRECTO	RS IN 12	(00,77)
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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, of on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

Addition