EILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000097040

1. Corporation Name
BADGER BOBCAT SERVICES, INC.

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90024 047 ***163.75

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Principal Place		Mailing Address	L. Taco T				
4768	S.E. TOMLIN Drive	8691 N.W. 4	Sheet				
Ancidia, FL, Semblike P 33821 Remblike P			ines, FLI		DO NOT WRITE IN THIS SPACE		
3382/ 33024-49				3. Date Incorporated or Qualified NOV, 16, 1998			
	ace of Business	2a. Mailing Address		4. FEI Number 45 - 0874915	ζ	_ ·	plied For at Applicable
Suite, Apt. #	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<u> </u>	\$8.75 / Fee Re	
City & State	eliphee FL	City & State		6. Election Campaign Financing Trust Fund Contribution	4		May Be to Fees
Zip 24 3497	7.2 25 U.5.4.	Zip	Country 30	This corporation owes the cur Personal Property Tax.	rent year Inta	angible	
24 J7 I I	9. Name and Address of Current		[30]	10. Name and Address of New	Registered	Agent	
10511			81 Name				_
LEGLIE HOWARD BERGER, J.D. 2213 N. UNIVERSITY DR.			82 Street A	et Address (P.O. Box Number is Not Acceptable)			
PON A	note Pines, FL.		83				_
131101	35	30 aY	84 City		FL	85 Zip (Code
44 Durayanti	to the provisions of Sections 607 0603	and 607 1508 Florida Statute	es the above-named	corporation submits this statement for the		changing its	registered
	to the provisions of Sections our cook	f Florida. Such change was at	uthorized by the corpo	oration's board of directors. I hereby acce	pt the appoir	ntment as re	gistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statutes.				
office or re agent. I ar SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	rida Statutes.	equired when reinstating)	DATE		
office or re agent. I ar SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTO	
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TED NAME OF SIGNING OFFICER OR DIRECTOR