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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 387650

(5)

1. Corporation Name

MI BACK YARD, INC.

Principal Place of Business
19910 Lucky Lane
POST OFFICE BOX 1698
LAND O LAKES FL 34639

Mailing Address
POST OFFICE BOX 1699
LAND O LAKES FL 34639

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 9:25

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		08/27/1971		02/22/1994	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		29 Zip		59-1364819		Not Applicable	
24 Country		30 Country		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees ☐ No	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENSKI, GEORGE C/O PETE ALESSANDRA 5121 ERlich RD, SUITE 102B TAMPA FL 33624				81 Name			
				82 Street Address (P.O. Box Number is not acceptable)			
				83 P.O. Box 1698			
				84 City			
				FL 85 Zip Code			
				34639			

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 *Bobby Jannarone* Bobby JANNARONE Jan 1995
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning). DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
	PD	JANNARONE, BOBBY	19910 LUCKY LANE LAND O LAKES FL 34639				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
	D	JANNARONE, RAYMOND	19910 LUCKY LANE LAND O LAKES FL 34639				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
	S	BENSKI, GEORGE	209 LAUREL OAK DR. EUSTIS FL 32728				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Bobby Jannarone* - Bobby JANNARONE Jan 1995
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)