

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H85670 (8)

1. Corporation Name

WILLOUGHBY BACKHOE SERVICE CORP.

Principal Place of Business

**200 EAST ROBINSON ST., SUITE 500
ORLANDO FL 32801**

Mailing Address

**200 EAST ROBINSON ST., SUITE 500
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/08/1985

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2670845

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 5349 CARTER ST

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FL

City & State

27

Zip

Country

24 32811

25 ORANGE

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**STONER, RICHARD D.
200 EAST ROBINSON ST., SUITE 500
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

**81 Name FLORIDA CORPORATE SUPPORT, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 200 EAST ROBINSON STREET
83 SUITE 500
84 ORLANDO FL 85 Zip Code 32801**

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

FLORIDA CORPORATE SUPPORT, INC.

(NOTE: Registered Agent signature required when consulting)

4/21/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	WILLOUGHBY, MICHAEL D.
STREET ADDRESS	5349 CARTER STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	DVP
NAME	WILLOUGHBY, W. L.
STREET ADDRESS	6007 DENSON DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 119 (07/30), 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 its 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, unchanged, or on an attachment with an address.

SIGNATURE:

Michael D. Willoughby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95

Date

407-278-3686
(Optional Phone #)