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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H85670 (8)

1. Corporation Name

WILLOUGHBY BACKHOE SERVICE CORP.

Principal Place of Business

5349 CARTER STREET
ORLANDO FL 32811
US

Mailing Address

5349 CARTER STREET
ORLANDO FL 32811
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT INC
200 EAST ROBINSON STREET
SUITE 500
ORLANDO FL 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons of registered agent (and the applicable)

Block 13 (if applicable) Agent (signature) representative of the corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [] DELETE

NAME WILLOUGHBY, MICHAEL D.

STREET ADDRESS 5349 CARTER STREET

CITY-STATE-ZIP ORLANDO FL

TITLE DVP [] DELETE

NAME WILLOUGHBY, W. L.

STREET ADDRESS 6007 DENSON DR.

CITY-STATE-ZIP ORLANDO FL

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-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(9)(b), 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 registered or trustee authorized 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: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

298-3836

CR2E034 (12/95)