FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H85670

WILLOUGHBY BACKHOE SERVICE CORP.

(8)

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FILED May 09 1997 8:00am Secretary of State

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Principal Plac 5349 CARTER ORLANDO FL : US	STREET	Mailing Address 5349 CARTER STREET ORLANDO FL 32811-2126 US	9 CARTER STREET		3. Date Incorporated or Qualified 3a. Date of Last Roport 11/08/1985 04/10/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	04/10/1996 Applied For	
21	:	26	uning Address		59-2670845		pplied For lot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
22		27		G. Certificate of Status Desired	Fee P	lequired	
City & Stat	9	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip Gountry		Trust Fund Contribution			
24	25	29	30		Florida Statutes Yes No		
	9. Name and Address of Cyrren	Registered Agent			10. Name and Address of New Reg		
200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801			82 83		dress (P.O. Box Number is Not Acceptab	ceptable)	
SIGNATURE	Signature, lyped or printed name of registered agos	of and fit of applicable (NC)	DIE Registered Ag		poration submits this statement for the plation's board of directors. I hereby acceptive the plation of the plation of directors are different to the plation of the platio	DATE ERS AND DIRECTO	·
TITLE	PD DELETE		1.1 TALE	j		Change	Addition
NAME	WILLOUGHBY, MICHAEL D. 5349 CARTER STREET		1.2 NAME				
STREET ADDRESS	ORLANDO FL		1.8 STREET				
CITY-ST-ZIP TITLE	DVP	DELETE	1,4 CHY-3 2,1 TITLE	51 · 71P	Change Addition		Addition
NAME	WILLOUGHBY, W. L.		2.2 NAME			La ontrigo	
STREET ADDRESS	6007 DENSON DR.		2.8 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL	T . 7 4		S1-7IP			
TITLE		☐ DELFTE	3.1 1111.6			Change	Addition
NAME			3.≱ NAME				
STREET ADDRESS			3.8 STREET				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	S1 - 7IP		Change	Addition
NAME			4.2 NAME			_ onninge	- Production
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.# CITY-5	ST - 71P			
TITLE		DELETE	5.1 TITLE	1		☐ Change	Addition
NAME			5.P NAME		ŧ	-	
STREET ADDRESS			5.8 STREET	ADDRESS			
CITY-ST-ZIP	-	Doctor	5.4 CITY-5	ST-ZIP			1 1 2 2 2 2 2 2 2 2 2 2
TITLE		☐ DELETE	6.1 TITLE			Change	Addition

14. I do 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 undor oath; that I am an officer or director of the corporation or the receiver or bustce 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 or an advantage, with an address.

6.8 STREET ADDRESS

4-72-61 400-200-210