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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K17340

(6)

REYNOLDS BACKHOE SERVICES, INC. Principal Place of Business Mailing Address								
Principal Place of Business 7841 SOUTH MILITARY TRAIL LANTANA FL 33463 Mailing Address 7841 SOUTH MILITARY LANTANA FL 33463							, • • • • • • • • • • • • • • • • • • •	••••
			•		3. Date Incorporated or Qualific 03/08/1988	ed 3s. D	Date of Last R /15/1996	eport
·	lace of Business	2a. Mailing Address			4. FEI Number 65-0056552	······································		oplied For of Applicable
Suite, Apt	#, elc	Suite, Apt. #, etc.	······································				\$8.75	
22	**************************************	27	····		5. Certificate of Status Desired	· L.	Fee Re	quired
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	9 🗆	\$5.00 Added t	
Zip	Country	Zip	Countr	у	8. This corporation has liability			
24	25	29	30		Florida Statutes	Yes	☐ No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Pegisterec	d Agent	
	inson, lois J.		81	Name				
	1 S. MILITARY TRAIL		82	Street Add	ress (P.O. Box Number is Not Acce	ptable)		
LAN	ITANA FL 33483		83	3				
						·		
			84	1		FI		Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta	itutes, the abov	ve-named con	tion's board of directors. I become	coces the en	naintment ac	
SIGNATURE	to the provisions of Sections 607.05 ogistered agent, or both, in the Stat in familiar with, and accept the obli- signature, type for printed name of registered a	gent and tille if applicable. (f	NOTE Registered A		ired when reinstaling)	DATE		
SIGNATURE	Signature, type Loc printed name of registered a OFFICERS A	ignot and title if applicable. (I	NOTE Registered Ap	gent signature requi		DATE	ID DIRECTOR	IS IN 12
SIGNATURE 12. TITLE	Signature, type Lor printed name of registered a OFFICERS AI	gent and tille if applicable. (f	NOTE Registered Ap	gent signature requi	ired when reinstaling)	DATE		IS IN 12
SIGNATURE 12. TITLE NAME	Signature, type Loc printed name of registered a OFFICERS A	ignot and title if applicable. (I	NOTE Registered Ap 13. 1.1 TITLE 1.2 NAME	gent signature requi	ired when reinstaling)	DATE	ID DIRECTOR	IS IN 12
SIGNATURE 12. HITLE NAME STREET ADDRESS	Signature, type for printed name of registered a OFFICERS AI PD REYNOLDS, GREGORY O. 7841 S MILITARY TRL LANTANA FL	ogent and title if applicable. (I NO DIRECTORS DELETE	NOTE Registered Ap 13. 1.1 TITLE 1.2 NAME	gent signature requi	ired when reinstaling)	DATE	ID DIRECTOR	RS IN 12
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