FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L94262** **(7)**

1. Corporation Name

MOTHER HAULERS, INC.

Principal Place of Business	Mailing Address
16151 PINE RIDGE RD FORT MYERS FL 33908	16151 PINE RIDGE RD FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/20/1990
3a. Date of Last Report: 04/26/1994

	Principal Place of Business	Mailing Address
2. / 2a.	21 15555 Pine Ridge Rd	26 15555 Pine Ridge Rd
Suite, Apt. #, etc.	22 unit D	27 unit D
City & State	23 Ft. Myers, FL	28 Ft. Myers, FL.
Zip / Country	24 33908 / 25 USA	29 33908 / 30 USA

4. FEI Number: 65-0210614 — ☐ 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

9. Name and Address of Current Registered Agent

MICHANTZ, MICHAEL JR.
15205 PARKSIDE DR #7
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: Mike MicHanTz
82 Street Address (P.O. Box number is Not Acceptable): 4823 Conover Ct. SW.
83
84 City: Ft. Myers FL 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Mike MicHanTz Pres — 4-14-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D Delete ☒ Change ☐ Addition
NAME	MICHANTZ, MICHAEL JR.	12 NAME	MicHanTz, MicHael JR.
STREET ADDRESS	15205 PARKSIDE DR #7	13 STREET ADDRESS	15205 parkside DR #7
CITY-ST-ZIP	FORT MYERS FL	14 CITY-ST-ZIP	Ft. Myers, FL.
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MICHANTZ, MIKE	22 NAME	
STREET ADDRESS	4823 CONOVER COURT SW	23 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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(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 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: Mike MicHanTz — 4-14-95 — 813-432-9100
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Mike MicHanTz

0821008 CP