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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049513 (3)

PROFESSIONAL BACKHOE SERVICES, INC.

| Principal Place of Business | Mailing Address | | |
|--|---|--|--|
| 10261 SOUTHWEST 152ND STREET MIAMI FL 33157 | 10281 SOUTHWEST 152ND STREET MIAMI FL 33157-1459 | | |

FILED Jul 30 1997 8:00am Secretary of State



| MIAMI FL 3315 | NEST TOZNU STREET | MIAMI FL 33157-1459 | W GIRELI | | |
|---|--|-----------------------------------|-------------------------------------|---|--|
| | | | | 3. Date incorporated or Qualified 07/09/1993 | 3a. Date of Last Report 04/26/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 26 | | | 65-0417132 | Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 27 | | | | 5. Cermone or oldres cesined | Fee Required |
| City & State City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for | intangible tax under s. 199.032, |
| 24 | 25 | 29 | 30 | Florida Statutes 10. Name and Address of New Re | Yes No |
| | 9. Name and Address of Cu | rrent Hegistered Agent | 81 Name | 10. Name and Address of New Re | igistered Agent |
| | CE, PRICHARD M | | DI Maille | | |
| | 61 SOUTHWEST 152ND STR | EET | 82 · Street Ad | ldress (P.O. Box Number is Not Acceptat | ole) |
| MIA | MI FL 33157 | | 83 | | |
| | | | 63 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | 1 | FL T T T T T T T T T |
| office or r | to t he provisions of Sections 607. regi ste red agent, or both, in the S im lam iliar with, and accept the o | itate of Florida. Such change was | s authorized by the corpor | orporation submits this statement for the pration's board of directors. I hereby acce | pt the appointment as registered |
| SIGNATURE | | | • | | · |
| CIGITATIONE | Signature, typed or printed name of registere | | DTE: Registered Agent signature rec | | DATE |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | DVSM | ☐ DELETE | 1.1 TITLE | - | Change Addition |
| NAME | DUKE, TIMOTHY | | 1.2 NAME | | |
| STREET ADDRESS | 11620 SW 136 ST | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MAMI PL 33/57 | | 1,4 CITY-ST-ZIP | | The Three |
| TITLE | SPT | DELETE | 2.1 TITLE | | Change Addition |
| NAME | DUKE, RICHARD M | | 2.2 NAME | | |
| STREET ADDRESS | 10261 SW 152 ST. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MAM FL 33:57 | | 2. 4 CITY - ST - ZIP | | |
| TITLE 🗗 . | Dake, RICHAD ! | 1., JR. DELETE | 3.1 TITLE | | Change Addition |
| NAME | 16261 BW 182 8 | • | 3.2 NAME | | |
| STREET ADDRESS | MIRMI Fy 83/ | s <i>2</i> | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | 74.77 | | 3.4. CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | \$ | Change Addition |
| NAME | , i | | 4. 2 NAME | | ÷ |
| STREET ADDRESS | | | 4 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 C(TY-ST-ZIP | | |
| TITLE | , , , , , , , , , , , , , , , , , , , | ☐ DELET e | 5.1 TOTLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | • | | 6.3 STREET ADDRESS | | |
| CITY-ST-7iP | | | 6.4 CITY - ST - ZIP | | |

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 under oath; that I am an officer or director of the control of the