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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000049513

1. Corporation Name

PROFESSIONAL BACKHOE SERVICES, INC.

Principal Place of Business	Mailing Address				
10261 SOUTHWEST 152ND STREET	10261 SOUTHWEST 152ND STREET				
MIAMI FL 33157	MIAMI FL 33157				

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90052 032 ***163.75



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed			
		1 a 44-99- Add				07/09/1993 4. FEI Number		, 	plied For
1	ace of Business	2a. Mailing Address				65-0417132		<u> </u>	Applicable
21	<u></u>	26 Suite Ant # etc				00-0417102		\$8.75 A	
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	<u> </u>		quired
City & State City & State					/-	6. Election Campaign Financing	A	\$5.00	May Be
23						Trust Fund Contribution	151	Added to	Fees
Zip	Country	Zip Country				8. This corporation owes the curr	ent year Int	tangible	_
24	25 29 30					Personal Property Tax.		☐ Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
			8	1 Na	ıme				
DUKE, RICHARD M 10261 SOUTHWEST 152ND STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
			١						
MAN	MI FL 33157		8	3					
i I			}_	14 Ci				85 Zip C	eho'
			ľ	i4 Ci	ıy		FL	_ 63 Zip C	
11. Pursuant 1	to the provisions of Sections 607 0502	and 607.1508, Florida Statutes,	the abo	уе-па	med corpo	ration submits this statement for the	purpose of	changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and agreent the obligat	of Florida. Such change was auth	norized b	y the	corporation	n's board of directors. I hereby accep	ot the appoi	ntment as rec	gistered
	m ramiliag with, and agreepe the obligati	M 1 1/1/60	a Olalaii				5/3K	29	
SIGNATURE	Signature, typed or printed frame of registered agent	and title if applicable. (NOTE: Re	egistered A	ent sign	ature required	when reinstating)	DATE/	1 1	
12.	OFFICERS ANI		13.		<u> </u>	ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTO	RS IN 12
T/TLE	DVSM	☐ DELETE	1.1 TITLE	=				Change	Addition
NAME			1.2 NAM	E	-				
STREET ADDRESS	44000 000 400 07			ET ADD	RESS				
CITY-ST-ZIP				-ST-ZIP					
TITLE	SPT DELETE 2.11							Change	Addition
NAME	DUKE, RICHARD M		2.2 NAM	E					
STREET ADDRESS	40004 OW 450 OT			2.3 STREET ADDRESS					
_CITY:ST:ZIP				-ST-ZIF					
TITLE	DELETE 3.11							Change	Addition
NAME	DUKE JR, RICHARD M		3.2 NAM						
STREET ADDRESS	10261 SW 152 ST		3.3 STRI		RESS			•	l
	MIAMI FL		3.4. CIT)		1				ĺ
CITY-ST-ZIP TITLE	MIAMI FL 34.1				-			Change	☐ Addition
NAME			4. 2 NAM					_	
			4.3 STRE		PESS				
STREET ADDRESS			4.4 CITY						
CITY-ST-ZIP		☐ DELETE	5.1 TITU					Change	Addition
TITLE		C) SECTE	5.2 NAM						_
NAME			5.3 STRI		RESS				
STREET ADDRESS			5.4 CITY						
CITY-ST-ZIP		DELETE	6.1 TITU		+-			Change	Addition
TITLE		☐ DELETE	6.2 NAM						C. , idensori
NAME					DECC				1
STREET ADDRESS			6.3 STR		RESS				
CITY-ST-ZIP			6.4 CfTY	-ST-ZIP					}

14. I 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 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 address with all other like empowered.

SIGNATURE: