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 MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000086825 (5)**

1. Corporation Name

E & L BACKHOE EQUIPMENT RENTALS, INC.

Principal Place of Business	Mailing Address
16114 E TRAFALGAR DR LOXAHATCHEE FL 33470	16114 E TRAFALGAR DR LOXAHATCHEE FL 33470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/20/1993**
3a. Date of Last Report: **05/17/1994**

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc 22:
Suite, Apt. #, etc 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: **APPLIED FOR 65-0459871** ☐ 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

GARNER, LAURA M
16114 E TRAFALGAR DR
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: (Signature of a previous Registered Agent, if changing) (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☑ Change ☐ Addition
NAME	GARNER, ERNEST H	12 NAME	GARNER, LAURA M.
STREET ADDRESS	16114 E TRAFALGAR DR	13 STREET ADDRESS	16114 E. TRAFALGAR DR.
CITY ST ZIP	LOXAHATCHEE FL 33470	14 CITY ST ZIP	LOXAHATCHEE, FL. 33470
TITLE	DST	21 TITLE	S ☑ Change ☐ Addition
NAME	GARNER, LAURA M	22 NAME	GARNER, ERNEST H.
STREET ADDRESS	16114 E TRAFALGAR DR	23 STREET ADDRESS	16114 E. TRAFALGAR DR.
CITY ST ZIP	LOXAHATCHEE FL 33470	24 CITY ST ZIP	LOXAHATCHEE, FL. 33470
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 above, or on an attachment with an address.

SIGNATURE: Laura M Garner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

0273462 CP