

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 16114 E Trafalgar Dr.

26 16114 E Trafalgar Dr.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Loxahatchee, Fl.
25 33470

28 Loxahatchee, Fl.
29 33470

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/20/1993

3a. Date of Last Report

05/01/1995

4. FFI Number

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

10. Name and Address of New Registered Agent

GARNER, LAURA M
16114 E TRAFALGAR DR
LOXAHATCHEE FL 33470

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: Laura M. Garner

(If 20% Registered Agent's Signature is Required, Attach Here)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	GARNER, LAURA M.	
STREET ADDRESS	16114 E. TRAFALGAR DR.	
CITY - ST - ZIP	LOXAHATCHEE FL	
TITLE	S	☐ DELETE
NAME	GARNER, ERNEST H.	
STREET ADDRESS	16114 E. TRAFALGAR DR.	
CITY - ST - ZIP	LOXAHATCHEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Laura M. Garner

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)