

**CORPORATION
ANNUAL REPORT
1995**

**Florida Department of Banking
Division of Corporations**

55 MAY -1 PM 1:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000015347 (5)

1. Corporation Name

MIKE'S BACKHOE SERVICE, INC.

Principal Place of Business

**12200 SW 228 STREET
MIAMI FL 33170**

Mailing Address

**12200 SW 228 STREET
MIAMI FL 33170**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1994

3a. Date of Last Report

4. FEI Number

65-0482469

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☒ No

2. Principal Place of Business

21 n n

2a. Mailing Address

26 n n

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**WILLIAMS, MICHAEL C
12200 SW 228 STREET
MIAMI FL 33170**

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, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE: SOLE PROPRIETOR, PRESIDENT
NAME: MICHAEL C. WILLIAMS
STREET ADDRESS: 12200 SW 228 STREET
CITY, ST, ZIP: MIAMI FL 33170**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

ST Deposited By BA-IC

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael C. Williams

MICHAEL C. WILLIAMS

3/30/95

(305)

258-6119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR