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

26 15401 S.W. 2605T

DOCUMENT # **P94000015347 (5)**

Name and Address of Current Registered Agent

MIKE'S BACKHOE SERVICE, INC.

15401 S.W. 260 ST

RIEGLIER, JAMES 12651 S DIXIE HWY

Principal Place of Business

2. Principal Flace of Business

Mailing Address

12200 OW 228 STREET

12200 OW 220 STREET

2a. Mailing Address

Suito, Apt. #, etc.

FILED Mar 05 1997 8:00am Secretary of State

3.	Date Incorporated or Qualified	3a. Date of Last Report			
	02/23/1994	03/1	9/1	996	
4.	FEI Number		L	Applied For	
	65-0570135		\perp	Not Applicable	
5.	Certificate of Status Desired			.75 Additional ee Required	
6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
8.	This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No				
0,	Name and Address of New Registered Agent				
(P.O. Box Number is Not Acceptable)					
		FL	85	Zip Code	
tion submits this statement for the purpose of changing its registered s board of directors. I hereby accept the appointment as registered					
4/44/97					
nen reinstalling) DATE					
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition					
Change Addition					
	Change Addition				

STE 209 83 **MIAMI FL 33156** 84 Pursuant to the provisions of Restons 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent for both in the State of Florida. Such change was authorized by the corporation agent. Lam familiar with, and account the obligations of Statutes. 11. Pursuant to the provisions of SIGNATURE INOTE Registered Agent signature required w 12. OFFICERS AND DIRECTORS 13, PRESIDENT DELETE THE 1.1 TITLE WILLIAMS, MICHAEL C NAM! 1.2 NAME -1200 SW 220 ST ... 15401 SW 260 ST 1.3 STREET ADDRESS 16676AD FL33032 CHIY-ST ZIP 1.4 CITY - ST - ZIP DILE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS C:17 - S1 - ZIF 2 4 CITY - ST- ZIP DELETE THE 31 TITLE ☐ Change Addition NAME 3.2 NAME STELLE LABORESS 3.3 STREET ADDRESS CONST. ZIP 3 4. CITY - \$1 - ZIP DELETE THE ☐ Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS C-TY - ST - ZVP 4.4 CITY - \$1 - ZIP DELETE TITLE 5.1 TITLE Change Addition NAM: 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** C TY - S1 - ZIP 54 City - St - ZiP THE DELETE ☐ Change 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS. 6.3 STREET ADDRESS C(1) - S1 - 7(P) 64 CITY-\$1-7IP 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

81 Name

82

Street Address

14. I do heretry 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 comporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on apaltachment with an address.

SIGNATURE:

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 27/97 305-258-6119