

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90206 040 ***150.00

DOCUMENT # P94000015347

1. Corporation Name
MIKE'S BACKHOE SERVICE, INC.



Principal Place of Business
~~15401 SW 260 ST~~ 19960 SW 298 ST
HOMESTEAD FL ~~33032~~ 33030
US

Mailing Address
~~15401 SW 260 ST~~ P.O. BOX 924173
HOMESTEAD FL ~~33032~~ PRINCETON,
FL
33092

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	02/23/1994	65-0570135	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27			
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution		
Zip	Zip	8. This corporation owes the current year Intangible		
24	29	Personal Property Tax.	Yes No	
Country	Country			
25	30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIEGLER, JAMES
9002 SW 152 ST
MIAMI FL 33157

Riegler

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	WILLIAMS, MICHAEL C	1.2 NAME	MICHAEL C. WILLIAMS
STREET ADDRESS	15401 SW 260 ST	1.3 STREET ADDRESS	19960 SW 298 STREET
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	VP	2.1 TITLE	
NAME	GREGSON, JANE S	2.2 NAME	
STREET ADDRESS	15401 SW 260 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33032	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(25) 258-6119

CR2E034 (11/98)