

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000080355 (8)

1. Corporation Name

M & O SAND & FILL EQUIPMENT COMPANY



Principal Place of Business

Mailing Address

POST OFFICE BOX 50
VERNON FL 32462

POST OFFICE BOX 50
VERNON FL 32462

3. Date Incorporated or Qualified

11/01/1994

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 5122 Douglas Ferry Rd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

32462

Washington

29

Zip

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINER, TIMOTHY C
4704 CLIFTONS PLACE
VERNON FL 32462

81 Name

Timothy C. Miner

82 Street Address (P.O. Box Number is Not Acceptable)

3328 McFatter Ave.

83

84 City

Vernon

FL

85 Zip Code

32462

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

Timothy C. Miner

Timothy C. Miner P

4-10-96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

P
MINER, TIMOTHY C
4704 CLIFTONS PLACE
VERNON FL

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

VP
OWENS, GARY
SPOOL MILL ROAD
VERNON FL

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

S
OWENS, LAURIE
SPOOL MILL ROAD
VERNON FL

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

T
MINER, ANITA
4704 CLIFTONS PLACE
VERNON FL

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anita Miner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

(904) 535-2963

Display Phone #

CR2E034 (12/95)