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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022343

1. Corporation Name

MIKE HAULING INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90196 049 ***150.00

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Principal Place	of Business	Mailing Address						PIPPE FILL INFL	
1319 NO. OBSERVATORY DRIVE 1319 NO. OBSERVATORY DF						-		- ت	ì
ORLANDO FL 32818-5915 ORLANDO FL 32818-5915									ł
						DO NOT WRITE IN	THIS SPACE		ı
		•				3. Date Incorporated or Qualifed 03/08/1996			1
2. Principal Pla	ice of Business	2a_Mailing Address	 &>====	بستنسي		4. FEI Number		plied.For	
21		26				NOT APPLICABLE		t Applicable	
Suite, Apt. #	e, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re		
City & State		City & State				6. Election Campaign Financing	\$5.00		
23		28		4		Trust Fund Contribution	Added	o Fees	i
Zip	Country	Zip	¬ ' —			 This corporation owes the current yearsonal Property Tax. 	ar Intangible ☐ Yes	□No	'
24]	9. Name and Address of Current		11		_	10. Name and Address of New Registo	ered Agent		
				81	Name			_	ļ
GORDON, MICHAEL 1319 NO. OBSERVATORY DRIVE				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			-
Į	ANDO FL 32818-5915			83					
				84	City		85 Zip	Code	
1				1	•		FL		
I office or re	oistered agent or both in the State 0	it Florida. Such change was i	autnonzec	a ov tr	named corp he corporation	poration submits this statement for the purpo on's board of directors. I hereby accept the a	se of changing its ippointment as re	registered -	
agent, I an	n familiar with, and accept the obligati	ons of Section 607.0505, Fl	orida Stat	tutes.		and the same and the same			
SIGNATURE									
SIGNATURE -	Claneture, hand or spinted name of registered agent	and title if applicable (NOT	F: Registered	d Agent	signature require	ed when reinstating) DA	E		
	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered	d Agent	signature require			ORS IN 12	(86)
12.	OFFICERS AND				signature require	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICER		DRS IN 12	(11/98)
12.	OFFICERS AND	DIRECTORS	13.	ITLE	signature require		S AND DIRECTO		Ξ.
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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:

akure required NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR