Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90184 007 ***150.00

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

DOCUMENT # **V59643**

1. Corporation Name

MAH IIN	S BACKHOE SEHVICE, IN	L .						
Principal Place	e of Business	Mailing Address		<u></u>		180 iisi nigis ei	Bit Blait Blait Bit	Tre dikir rest
990 CATTLEMEN RD 164 COWPEN LANE							•	
SARASOTA FL 34232 SARASOTA FL 34240							00105	
		US			DO NOT WRI	TE IN THIS	SPACE	
					3. Date Incorporated or Qualifed			
					08/21/1992 4. FEI Number			tind For
2. Principal P	lace of Business	2a. Mailing Address			65-0351340			died For
21}		26 Suite Ant #5 ata =			05'035 1340		\$8.75 Ac	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		_	5. Certifcate of Status Desired		Fee Req	
City & Stat	е	City & State			6. Election Campaign Financing		\$5.00 N	- 1
23		28			Trust Fund Contribution	 _	Added to	Fees
Zip	Country	Zip	_	ountry	8. This corporation owes the curr	ent year Inta		٦ ا
24	25	29	30		Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	legistered A	Agent	
WO	CIV DEN			81 Name	Ben Woelk		•	
WOELK, BEN				82 Street Addr	ess (P.O. Box Number is Not Accepta	able)		
2 001-cattleme n RD Sarasota Fl-94232					164 Cowpen	Lane	·	
SAR	49014 ÉF 24 535			83	•			
				84 City	^ ,		85 Zip Co	ode
					<u>Sarasitau</u>	FL	34	240
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Fiorida. Such change was a	autnonz	ea by the corporation	oration submits this statement for the on's board of directors. I hereby accept	purpose of of the appoir	changing its ri ntment as regi	egistered istered
SIGNATURE		Louis Warning to Control	C. Danista	ed Agent signature required	Lution reinstating)	DATE		1
40	Signature, typed or printed name of registered ag	ND DIRECTORS	1:		ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12
TITLE	P	□ DELETE	_	TITLE			Change	Addition
NAME	WOELK, BEN	_	12	NAME				}
	154 COWPEN LANE			STREET ADDRESS				
STREET ADORESS	SARASOTA FL			CITY-ST-ZIP		•		+
CITY-ST-ZIP	VP	☐ DELETE	_	TITLE	***************************************		Change	Addition
TITLE	GARNER, GEORGE		ı	NAME			_ `	_
NAME	AAA AAABEELTA DI AAE			STREET ADDRESS				
STREET ADDRESS	NOKOMIS FL	ه ر متر ٠		CITY-ST-ZIP	* * * * * * * * *		- نورید برست	
CITY-ST-ZIP		DELETE		TITLE			Change	Addition
TITLE	ST WOELK JAMET	C. Actric		NAME			_ •	_
NAME	WOELK, JANET 164 COWPEN LANE			STREET ADDRESS				ļ
STREET ADDRESS					•		•	
CITY-ST-ZIP	SARASOTA FL	☐ DELETE		CITY-ST-ZIP			Change	Addition
TITLE							_ ,	_
NAME				NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE		CITY-ST-ZIP TITLE			☐ Change	Addition
TITLE	}	€1 DECG1€		NAME	•			
NAME				STREET ADDRESS				
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE		TITLE			Change	Addition
TITLE	1		۷.۱					

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS