

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 APR 17 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G51747

1. Entity Name  
BILL GREGORY EXCAVATING, INC.



Principal Place of Business  
11732 N. US HWY 301  
OXFORD, FL 34484 US

Mailing Address  
COUNTY ROAD 29  
P.O. BOX 129  
OXFORD, FL 32684-0129

2. Principal Place of Business - No P.O. Box #  
10889 N US Hwy 301  
Suite, Apt. #, etc.  
Ste 1

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Oxford, FL  
Zip  
34484 Country  
USA

City & State  
Zip  
Country



4. FEI Number  
59-2305961  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY, WILLIAM W  
13346 CR 209  
OXFORD, FL 34484

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
GREGORY, WILLIAM W  
13346 CK 209  
OXFORD, FL 34484 ☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William W Gregory*  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4-15-09 388-303-0023  
Date Daytime Phone #