


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

03/17/99

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90161 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L36898					
1. Corporation Name WILLIAMS BULLDOZING, INC.					
Principal Place of Business 5300 SW 135 AVE FT LAUDERDALE FL 33330			Mailing Address 5300 SW 135 AVE FT LAUDERDALE FL 33330		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/15/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0159894	
24 Country		29 Country		5. Certificate of Status Desired	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				X Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
WILLIAMS, GEORGE 5300 SW 135 AVE FT LAUDERDALE FL 33330			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			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					
11 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)