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 # L60132

BILL'S BACKHOE, INC.

Principal Place of Business	Mailing Address	<u></u>		
16154 BOYETTE ROAD RIVERVIEW FL 33569	16154 BOYETTE ROAD RIVERVIEW FL 33569			

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90225 001 ***150.00



Principal Place	of Business	Mai	ling Address					*****		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6154 BOYETTE ROAD		16154 BOYETTE ROAD									
RIVERVIEW FL 33569 RIVERVIEW FL 33569						DO NOT WRITE IN THIS SPACE					
•							3. Date Incorporated or Qualifed				1
							03/21/1990				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		X .Ap	plied For	1_	
26						59-3011396		_	t Applicable]_	
Suite, Apt. #, etc. 27 City & State City & State 28						5. Certificate of Status Desired		\$8.75			
						5, Certificate of Status Desired		Fee Re	ee Required		
						6. Election Campaign Financing		\$5.00	•	1	
							Trust Fund Contribution Added to Fer				┨
Zip	Country	;	Zip r		ıntry		8. This corporation owes the cum	rent year Int		□N ₂	
:!	25	29		30	1		Personal Property Tax.	Pagistared	☐ Yes	□No	┨
· ———	9. Name and Address of Curre	nt Registe	ered Agent		81	Name	10. Name and Address of New F	registereu .	Agent		1
HUN	ZIKER, WILLIAM R.				٠.	Name					1
	4 BOYETTE ROAD				82	Street Addr	ess (P.O. Box Number is Not Accept	able)			
	RVIEW FL 33569				83					 -	1
					00		·				1
					84	City		FL	85 Zip (Code	
4.4 Durauant	to the provinces of Sections 607.05	02 and 60	7 1508 Florida Statute	e the a	hove	a-named corn	oration submits this statement for the	purpose of	changing its	registered	1
office or re	egistered agent, or both, in the State	e of Florida	ı. Such change was aı	uthorized	1 by	the corporation	on's board of directors. I hereby accep	pt the appoi	ntment as re	gistered	1
agent. I a	m familiar with, and accept the oblig	ations of, S	Section 607.0505, Flor	ida Stat	utes						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if	apolicable (NOTE:	Registered	Ager	nt signature require	d when reinstating)	DATE			ء ا
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12] ĕ
rm.e	D		☐ DELETE	1.1 Π	TLE				☐ Change	Addition] =
NAME	HUNZIKER, WILLIAM R.			1.2 N	AME						5
STREET ADDRESS	16154 BOYETTE ROAD			1.3 \$	TREE	TADORESS					6
CITY-ST-ZIP	RIVERVIEW FL			1.4 CI	TY-S	T-ZIP					1 5
ITILE			☐ DELETE	2.1 TI	TLE				Change	Addition	١٠
NAME ,				2.2 N	AME]_
TREET ADDRESS				2.3 8	TREE	ADDRESS					1
CITY-ST-ZIP				2.40	ITY-S	ST-ZIP				· ·	1
TITLE .			DELETE	3.1 TI	TLE	\ \	<		☐ Change	☐ Addition	
VAME				3.2 N	AME						1
STREET ADDRESS				3.3 S	REE	T ADDRESS					1
CITY-ST-ZIP				3.4.0	ITY-Ş	ST-ZIP					-
mue :			☐ DELETE	4,1 TI	TLE.				☐ Change	☐ Addition	
NAME	•			4.21	IAME						}
STREET ADDRESS				4.3 S	TREE1	T ADDRESS					
CITY-ST-ZIP					TY-S	T-ZIP				FT Addition	-
MLE			☐ DELETE	5.1 TO 5.2 N					☐ Change	Addition	1
NAME (. ADDDCCC					1
STREET ADORESS						T ADDRESS ;				*z <u>z</u> *	
CITY-ST-ZIP			☐ DELETE	6.1 Ti	TY-\$	1-411"			☐ Change	Addition	1
MTLE			☐ DETEIE	6.1 N							1
NAME						TADORESS				de	(
STREET ADDRESS				•		7 7ID				b.	1

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 chapted, or on an attachment with an address, with all other like empowered.