

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000071304 (7)**

1. Corporation Name
BONNI'S BACKHOE SERVICE, INC.

Principal Place of Business Mailing Address

**3365 PINEWALK DRIVE NORTH
SUITE 209
MARGATE FL 33063** **3365 PINEWALK DRIVE NORTH
SUITE 209
MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/28/1994** 3a. Date of Last Report: **N/A**

4. FEI Number: **65-0522720** Applied For: Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for alternative tax under S. 1301(b):
Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**MOWER, LELAND I III
3365 PINEWALK DRIVE NORTH
SUITE 209
MARGATE FL 33063**

10. Name and Address of New Registered Agent

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Type or print name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS

TITLE: **P/T/D**
NAME: **Leland Mower III**
STREET ADDRESS: **3365 Pinewalk Dr. N. # 209**
CITY, ST, ZIP: **Margate, Florida 33063**

TITLE: **S/VP/D**
NAME: **Bonni Julie Mower**
STREET ADDRESS: **3365 Pinewalk Dr. N. #209**
CITY, ST, ZIP: **Margate, Florida 33063**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE: Change Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE: Change Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE: Change Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE: Change Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE: Change Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.07(3)(b), 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 of this document, or on an attachment with an address.

SIGNATURE: *Leland Mower III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leland Mower III

4/25/95 305-346-6001