

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

3. Date Incorporated or Qualified  
**09/28/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3375 Pinewalk Dr. N. #103**  
Suite, Apt. #, etc.

26 **3375 Pinewalk Dr. N.**  
Suite, Apt. #, etc.

4. FEI Number  
**65-0522720**

Applied For  
Not Applicable

22 **Suite 103**  
City & State

27 **#103**  
City & State

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 **Margate Florida**  
Zip Country

28 **Margate Florida**  
Zip Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 **33063**

25 **Broward**

29 **33063**

30 **Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3375 Pinewalk Drive North**  
83 **Suite 103**  
84 City **Margate** FL 85 Zip Code **33063**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>PDT</b>	<input type="checkbox"/> DELETE
NAME	<b>MOWER, LELAND III</b>	
STREET ADDRESS	<b>3365 PINEWALK DR. N #209</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>SDV</b>	<input type="checkbox"/> DELETE
NAME	<b>MOWER, BONNI JOYCE</b>	
STREET ADDRESS	<b>3365 PINEWALK DR. N #209</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>3375 Pinewalk Dr. N. #103</b>	
1.4 CITY-ST-ZIP	<b>Margate, FL, 33063</b>	
2.1 TITLE	<b>V. Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>3375 Pinewalk Dr. N. #103</b>	
2.4 CITY-ST-ZIP	<b>Margate, FL, 33063</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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.

SIGNATURE: Bonni J. Mower V Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/12/96 Phone: 305-346-1081

CR2E034 (12/95)