

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

3365 PINEWALK DRIVE NORTH  
SUITE 209  
MARGATE FL 33063

Mailing Address

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

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 intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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.

22 Suite 103  
City & State

27 #103  
City & State

23 Margate Florida  
Zip Country

28 Margate Florida  
Zip Country

24 33063

25 Broward

29 33063

30 Broward

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

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-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDY ☐ DELETE  
NAME MOWER, LELAND III  
STREET ADDRESS 3365 PINEWALK DR. N #209  
CITY-ST-ZIP MARGATE FL

TITLE SDV ☐ DELETE  
NAME MOWER, BONNI JOYCE  
STREET ADDRESS 3365 PINEWALK DR. N #209  
CITY-ST-ZIP MARGATE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Prev. ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 3375 Pinewalk Dr. N. #103  
1.4 CITY-ST-ZIP Margate, FL, 33063

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME V. Pres.  
2.3 STREET ADDRESS 3375 Pinewalk Dr. N. #103  
2.4 CITY-ST-ZIP Margate, FL, 33063

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)