

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

3375 PINEWALK DR N SUITE 103 MARGATE FL 33063 US

3375 PINEWALK DR N SUITE 103 MARGATE FL 33063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/28/1994

2. Principal Place of Business

21 **6337 N.W. 78 Drive** Suite, Apt. #, etc.

22

23 **Parkland Florida** City & State

24 **33067** Zip

25 **Broward** Country

26 **6337 NW. 78 Drive** Suite, Apt. #, etc.

27

28 **Parkland Florida** City & State

29 **33067** Zip

30 **Broward** Country

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MOWER, LELAND I III
3375 PINEWALK DRIVE NORTH SUITE 103
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6337 NW 78 Drive

83

84 City **Parkland**

85 Zip Code **FL 33067**

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOWER, LELAND III	
STREET ADDRESS	3375 PINEWALK DR N SUITE 103	
CITY-ST-ZIP	MARGATE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOWER, BONNI JOYCE	
STREET ADDRESS	3375 PINEWALK DR N SUITE 103	
CITY-ST-ZIP	MARGATE FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6337 NW 78 Drive
1.4 CITY-ST-ZIP	Parkland, Florida 33067
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6337 NW 78 Drive
2.4 CITY-ST-ZIP	Parkland, Florida 33067
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 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 changed, or on an attachment with an address.

SIGNATURE: **Bonni M. Mower** H-30-98 051-244-1000

CR2E034 (10/97)