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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000042444 (6)

PRECIS	BION BACKHOE SERVICE IN	NC.		
Principal Plac	e of Business	Mailing Address		
611 SE 7TH ST.		4723 W. ATLA	NHOWE.	
DELRAY BEACH FL 33483		4723 W. ATLANTICAVE. Swife #12 Delpay Beach, Fl. 33445		
		Delen Benel C	122445	DO NOT WRITE IN THIS SPACE
		DUMMY DEHENT	1,52144	3. Date Incorporated or Qualified
9 Principal P	lace of Business	2a. Mailing Address		05/22/1995 4. FEI Number Applied For
	W. Atlantic Ave.		auto alle	у у у у у у у у у у у у у у у у у у у
Suite, Apt. #, etc.		26 4723 W.ATLANTO AUE Suite, Apt. #, etc.		65-0585312 Not Applicable \$8.75 Additional
22 Ste 12		27 Suite # 12		5. Certificate of Status Desired Fee Required
City & State		City & State		Election Campaign Financing \$5.00 May Be
23 Delra	ay Beach FL	28 DELRAY BEAC	14, 1-1	Trust Fund Contribution Added to Fees
Zip	Country	Zig 31/1/2	Country	8. This corporation owes or has paid the current year Intangible
33445		29 35444 30		Personal Property Tax due June 30. Yes No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
BRACKETT, JOHN 81 Name				
611 SE 7TH ST.				ddress (P.O. Box Number is Not Acceptable)
DE	LRAY BEACH FL 33483			420 Augusta Circle
			83	Unit 128
			64 City	85 Zip Code
			De	elray Beach
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 their diapplicable (NOTE Registered Agent's gnature required when reinstating) DATE				
12.	OF ICERS AND		3.	cquired whon reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		1 7/fLE	Change Addition
NAME	BRACKETT, JOHN		2 NAME	
STREET ADDRESS	611 SE 7TH ST.	1.	3 STREET ADDRESS	1420 Augusta Circle #128
CITY-ST-ZIP	DELRAY BEACH FL 33483	1/	4 CI1Y - S1 - ZIP	Delray Beach, FL 33445
TITLE		DELETE 2:	1 TITLE	D Change Addition
NAME		2.5	2 NAME	Monica Navarro
STREET ADDRESS		2.7	3 STREET ADDRESS	
CITY-ST-ZIP		2.	4 CITY - ST - ZIP	1420 Augusta Circle #128 Delray Beach, FL 33445
TITLE		DELETE 3.	1 TITLE	Change Addition
NAME		3.3	2 NAME	
STREET ADDRESS		3.3	3 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE			1 TITLE	L_ Change L_ Addition
NAME			2 NAME	
STREET ADDRESS		i i	3 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	Channe Addition
TITLE NAME			1 TITLE 2 NAME	☐ Change ☐ Addition
STREET ADDRESS			Z NAME 3 STREET ADDRESS	
CITY-ST-ZIP				
TITLE		DELETE	4 CITY - ST - ZIP	☐ Change ☐ Addition
NAME		1	2 NAME	Noticell
STREET ADDRESS		1	3 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
14. I hereby o	ertify that the information supplied wi	th this filing does not qualify for the o	exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
Indicated on this armual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 open attaching it with an address.				