

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

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90007 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # *POS 00006444V*

1. Corporation Name
Precision Backhoe Service Inc.

Principal Place of Business Mailing Address

*1105 N.W. 18th Ave
 Delray Beach, FL 33445*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business 2a. Mailing Address

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

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number Applied For Not Applicable

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

6. Election Campaign Financing \$5.00 May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

*JOHN BRACKETT
 1105 N.W. 18th Ave
 Delray Beach, FL 33445*

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<i>Pres.</i>	<input type="checkbox"/> DELETE
NAME	<i>JOHN BRACKETT</i>	
STREET ADDRESS	<i>4723 W. ATLANTIC AVE #12</i>	
CITY-ST-ZIP	<i>DELRAY BEACH, FL 33445</i>	
TITLE	<i>Vice Pres.</i>	<input type="checkbox"/> DELETE
NAME	<i>MONICA NAVARRO</i>	
STREET ADDRESS	<i>1420 AUGUSTA CIRCLE</i>	
CITY-ST-ZIP	<i>DELRAY BEACH, FL 33445</i>	
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	<i>1105 N.W. 18th Ave</i>
1.4 CITY-ST-ZIP	<i>DELRAY BEACH, FLORIDA 33445</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>U.P. MONICA BRACKETT</i>
2.3 STREET ADDRESS	<i>1105 N.W. 18th Ave</i>
2.4 CITY-ST-ZIP	<i>DELRAY BEACH, FL 33445</i>
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, with all other like empowered.

SIGNATURE: *[Signature]* MONICA BRACKETT *7-26-99* *561-274-7415*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)



P95000042444
602325-90007-48
Licensed & Insured

• General Excavating • Site Preparation • Demolition

Director
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

28 July 99

Ref: Precision Backhoe Service Inc./ 1998 Filing Doc.#P95000042444 (6)

Re: Explanation for late filing date.

We sincerely regret that this Annual Corporate filing is being made after the standard filing date. We vacated our offices at 4723 W. Atlantic Ave. in Delray Beach on or about January 1, 1999 and established a new office and Corporate address in a newly purchased home at 1105 NW 18th Ave. in Delray Beach at that time. As a result of the double move, many clerical details fell into disarray. Standard address change procedures were carried out with all the state and federal agencies which we deal with on a regular basis such as employment reporting, tax withholding, sales tax reporting, etc.; but we apparently failed to advise your office of this change. All other normal correspondence reached us with minimal Post Office delays through address changes filed with the U.S. Postal Service. As soon as we became aware of the oversight of an address change with your office, we contacted you by phone to request a replacement reporting form. We also learned at that time that the standard mailing procedures from your agency restricts U.S. Postal Service Standard forwarding procedures.

Once again, we regret the delay and hope that the extenuating circumstances will allow you to forgive the prohibitively high late filing fee. We have enclosed a check for the standard fee. Please advise us if this is not satisfactory.

Sincerely;

Date 7-28-99

Monica Brackett, Vice President

corpfil1.let