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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 527405 1. Corporation Name

BOLDRICK ENTERPRISES, INC.

## **FILED** Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90066 042 \*\*\*150.00



Principal Place of Business Mailing Address							101 0111 01611 011	)II <b>6</b> >41) 6>611 E	11011 01011 1401
404 CENTRAL AVE. 404 CENTRAL AVE.									
P.O. BOX 248	V 51 00440		P.O. BOX 248			DO NOT WRITE IN THIS SPACE			
CRESCENT CIT	1 FL 32112	CHESCENI CHT FL 32112	CRESCENT CITY FL 32112			3. Date Incorporated or Qualifed			
						03/14/1977		<del> </del>	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For
21		26				59-1724893			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & Stat	e	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	28			Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	F			8. This corporation owes the current year Intangible			
24	25	29	30	10		Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New	Registered A	igent	
2011	DDIOK BORERT & CO		-	81	Name				
	drick, robert I., Sr. Gewood avenue		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
CRE	SCENT CITY FL 32112		83				1. <del>m</del>		
				84	City		FI	85 Zip (	Code
44 Dureuant	to the provisions of Sections 607 05	502 and 607 1508. Florida Statut	tes the ab	ove-	named como	pration submits this statement for the	purpose of	changing its	registered
office or r	registered agent, or both, in the Stati im familiar with, and accept the oblig	e of Florida. Such change was a	authorized	by th	he corporatio	n's board of directors. I hereby acce	ot the appoir	ıtment as re	gistered
SIGNATURE									
SIGNATORE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	: Registered A	gent :	signature required		DATE		
12.	OFFICERS A	OFFICERS AND DIRECTORS 1:				ADDITIONS/CHANGES TO OF	FICERS AN	·-	
TITLE	CD	☐ DELETE	1,1 TITL	E				Change	☐ Addition
NAME	BOLDRICK, ROBERT I., SR.		1.2 NAM	Æ					ì
STREET ADDRESS	2 EDGEWOOD AVE.		1.3 STF	EET A	ADDRESS				
CITY-ST-ZIP	CRESCENT CITY FL		1.4 CIT	Y-ST-	ZIP				
TITLE	PD	☐ DELETE	2.1 TITL	E				Change	☐ Addition
NAME	BOLDRICK, TERRY A.		2.2 NA	Æ					ļ
STREET ADDRESS	AAO OTALLION DD		2.3 STF	REETA	ADDRESS				
CITY-ST-ZIP	CRESCENT CITY FL		2. 4 CIT	Y-ST	ZIP				
TITLE	TSD							☐ Change	☐ Addition
NAME	BOLDRICK, ROBERT I., JR.	ICK ROBERT L. JR.		ИE					i
STREET ADDRESS	4.00 1 ALCE ALCE		3.3 STF	REET #	ADDRESS				Į
CITY-ST-ZIP	CRESCENT CITY FL		3.4. CITY		. 7IP				]
TITLE	CHEGOE/II CITTE	☐ DELETE						☐ Change	☐ Addition
NAME			4. 2 NA						
					ADDRESS				
STREET ADDRESS									}
CITY-ST-ZIP	ļ	☐ DELETE	4.4 CIT 5.1 TITE		- 217	<del> </del>	•	☐ Change	Addition
TITLE			5.2 NAA						_
NAME			4		ADDRESS				
STREET ADDRESS	{								Ì
CITY-ST-ZIP				4 CITY-ST-ZIP 1 TITLE				☐ Change	Addition
TITLE		☐ DELETE							
NAME			6.2 NA		ADDOCCO				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	1		6.4 CIT	Y-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: