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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 08 1997 8:00am

Secretary of State

334-3126558

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # F95000005086 (2)

Principal Place of Business Mailing Address PO BOX 778 REENVILLE AL 38037  BOAN CONTRACTING COMPANY, INC.  Mailing Address PO 80X 778 GREENVILLE AL 38037-0778					
				3. Date Incorporated or Qualified 10/19/1995	3a. Date of Last Report 06/26/1996
2. Principal f	Place of Business	2a. Mailing Address		4. FET Number	Applied For
21		26		63-0422932	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	lo .	City & State			Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zιρ	Country	Zip	Country	8. This corporation has liability for	······································
24	25	29	30		Yes No
	9, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
	BORS, SCOTT R ESQ 3 HARRISON AVE				
PANAMA CITY FL 32401			82 Street Addi	ress (P.O. Box Number is Not Acceptat	ole)
, , ,			83		
			84 City		<b>85</b> Zip Code
					<b> </b>
office or agent. I a	to the provisions of Sections 507.05 registered agent, or both, in the Statam familiar with, and accept the obli	ouz and 607-1508, Florida Stat te of Florida. Such change wa galions of, Section 607.0505,	utes, the above-hamed corps sauthorized by the corporat Florida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	ourpose of changing its registered pt the appointment as registered
	Signature, lypied or printed name of registured a		OTE: Registered Agent signature recei		DATI
12. TITLE	OFFICERS A	NO DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change Addition
NAME	BOAN, ALAN D		1.2 NAME		El punide El vontion
STREET ADDRESS	HWY 31 N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE AL 36037		1.4 CITY-ST-ZIP		•
TITLE	VCP	☐ DELETE	2.1 1111.6		Change Addition
NAME	BOAN, BARRY E		2.2 NAME		
STREET ADDRESS	HWY 31 N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE AL 36037	DELETE	2 4 CITY-S1-ZIP		Change Addition
TITLE NAME	BOAN, LAURICE D		3.1 TITLE 3.2 NAME		Change L Addition
STREET ADDRESS	HWY 31 N.		3.3 STHEET ADDRESS		
CITY-ST-ZIP	GREENVILLE AL 36037		3.4 CITY-ST-ZIP		
TITLE	D	DELE16	4.1 TITLE		Change Addition
NAME	BOAN, DEAN E		4. 2 NAME		
STREET ADDRESS	HWY 31 N.		4.3 STREET ADDRESS		
CITY - ST - ZIP	GREENVILLE AL 36037	DELETE	4 4 CITY-ST-ZIP		Char-
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
DITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	,	DELE 1E	6.1 TITLE		Change Addition
NAME			6.2 NAME		, _
STREET ADDRESS			6.3 STREET ADDRESS		
	1		ı i		

14. I do 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 eath; 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.