

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:28

DOCUMENT # N36749 (2)
1. Corporation Name
THE BOGGY CREEK GANG, INC.

Principal Place of Business Mailing Address
390 N ORANGE AVE 390 N ORANGE AVE
1200 1200
ORLANDO FL 32801 ORLANDO FL 32801
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/20/1990 3a. Date of Last Report 01/24/1994
4. FEI Number 59-3012889 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 1400 S. Orlando Avenue 26 1400 S. Orlando Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 101 27 Suite 101
City & State City & State
23 Winter Park, FL 28 Winter Park, FL
Zip Country Zip Country
24 32789 25 USA 29 32789 30 USA

9. Name and Address of Current Registered Agent
PALMER, WHITFIELD
3300 SW 34 AVENUE
SUITE 148
OCALA FL 32678

10. Name and Address of New Registered Agent
81 Name Joseph Glorfield
82 Street Address (P.O. Box Number is Not Acceptable) 1400 S. Orlando Avenue
83 Suite 101
84 City Winter Park FL 85 Zip Code 32789

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 *Joe Glorfield, C.E.O.* JOE GLORFIELD 1-26-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	3D
NAME	PALMER, WHITFIELD
STREET ADDRESS	3300 SW 34 AVE, STE. 148
CITY-ST-ZIP	OCALA FL 32678
TITLE	TD
NAME	THOMPSON, DOUGLAS CPA
STREET ADDRESS	2811 NW 41ST BLDG C-2
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	DV
NAME	SCHIEBLER, AUDREY L
STREET ADDRESS	2115 NW 15TH AVE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	SD
NAME	BERGER, HOWARD
STREET ADDRESS	10122 SW 84 DR.
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	D
NAME	LANG, JAMES F
STREET ADDRESS	2525 NW 22ND AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Palmer, Whitfield	
1.3 STREET ADDRESS	3300 SW 34 Avenue, Suite 148	
1.4 CITY-ST-ZIP	Ocala, FL 32678	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Brewerton, John Lee III	
2.3 STREET ADDRESS	2300 Sun Bank Center	
2.4 CITY-ST-ZIP	Orlando, FL 32802	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joe Glorfield, C.E.O.* JOE GLORFIELD 1-26-95 (907) 628-0411
Signature and typed or printed name of signing officer or director. (This) (Type in 15 characters)