

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P34326** (9)

1. Corporation Name
BOLDEN ENGINEERS, INC.



Principal Place of Business
**3066 HWY. 29 SOUTH
LAWRENCEVILLE GA 30244**

Mailing Address
**3066 HWY. 29 SOUTH
LAWRENCEVILLE GA 30244**

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
04/29/1991

3a. Date of Last Report
04/19/1995

4. FIC Number
58-1388110

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

8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.054, 2 and 607.1008, Florida Statutes, the above named corporation's limits bar 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. Thereby, accept the appointment as registered agent. I am familiar with, and I accept the obligations of Section 607.054, Florida Statutes.

SIGNATURE

Signature of the Agent or the Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	BOLDEN, RONALD L.	
STREET ADDRESS	3066 HWY. 29 SOUTH	
CITY-STATE-ZIP	LAWRENCEVILLE GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOLDEN, FELICIA	
STREET ADDRESS	3066 HWY. 29 SOUTH	
CITY-STATE-ZIP	LAWRENCEVILLE GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RHONDA	
STREET ADDRESS	3066 HWY. 29 SOUTH	
CITY-STATE-ZIP	LAWRENCEVILLE GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is taken from the records of the corporation and does not qualify for the exemption stated in Section 190.03(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 registered or business empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in charge of, or on an attached sheet with an address.

SIGNATURE: *Felicia Bolden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 (710) 279-0413

CR2E034 (12/95)