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Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P94000051038 (5)

1. Corporation Name
STEVEN M. BOGARAT, INC.

Principal Place of Business	Mailing Address
4209 ST. JOHNS AVENUE JACKSONVILLE FL 32210	4209 ST. JOHNS AVENUE JACKSONVILLE FL 32210-2101

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	**2a.** Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3266617 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

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

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEVEN M BOGARAT	1.2 NAME	
STREET ADDRESS	4131 ROBIN HOOD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS WATSON	2.2 NAME	
STREET ADDRESS	4209 ST. JOHNS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	SIMPSON, JAMES C JR.	3.2 NAME	SIMPSON, JAMES C. JR
STREET ADDRESS	4209 ST. JOHNS AVE	3.3 STREET ADDRESS	5608 RIBBON ROSE DR
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JAX. FL. 32258
TITLE	T ☐ DELETE	4.1 TITLE	T ☒ Change ☐ Addition
NAME	SIMPSON, TOBY L	4.2 NAME	SIMPSON TOBY L.
STREET ADDRESS	10327 ARROW LAKES DR. E.	4.3 STREET ADDRESS	5608 RIBBON ROSE DR.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JAX. FL. 32258
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: Steven M. Bogarat 1-8-97 904-3886009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)