

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006666

**Entity Name:** BOLEY-PAR, INC.**Current Principal Place of Business:**6655 66TH STREET NORTH  
PINELLAS PARK, FL 33781**Current Mailing Address:**6655 66TH STREET NORTH  
PINELLAS PARK, FL 33781**FEI Number:** 46-3480340**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEBBER, DALE S ESQ  
BUCHANAN INGERSOLL & ROONEY PC  
401 E JACKSON STREET STE 2400  
TAMPA FL 33602 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title        PRESIDENT, DIRECTOR  
Name        MACMATH, GARY  
Address     445 31ST STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33713

Title        TREASURER  
Name        SCHOLZ, AMY  
Address     6655 66TH STREET NORTH  
City-State-Zip: PINELLAS PARK FL 33781

Title        VC  
Name        BUSSEY, RUTLAND  
Address     445 31ST STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33713

Title        DIRECTOR  
Name        MISIEWICZ, PAUL  
Address     445 31ST STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33713

Title        SECRETARY, DIRECTOR  
Name        HAMILTON, NANCY  
Address     6655 66TH STREET NORTH  
City-State-Zip: PINELLAS PARK FL 33781

Title        CHAIRMAN  
Name        WAECHTER, JOHN  
Address     6655 66TH STREET NORTH  
City-State-Zip: PINELLAS PARK FL 33781

Title        DIRECTOR  
Name        LOTT, MARTIN  
Address     445 31ST STREET NORTH  
City-State-Zip: ST. PETERSBURG FL 33713

Title        DIRECTOR  
Name        PILKINGTON, DAVID  
Address     6655 66TH STREET NORTH  
City-State-Zip: PINELLAS PARK FL 33781

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMY SCHOLZ

TREASURER

02/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SAUNDERS, JOSEPH
Address	6655 66TH STREET NORTH
City-State-Zip:	PINELLAS PARK FL 33781