

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90042 011 \*\*\*150.00

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DOCUMENT # 194351

1. Corporation Name

BOULTON AGENCY, INC.



Principal Place of Business

7500 NW 25 STREET  
SUITE 200  
MIAMI FL 33122-1700  
US

Mailing Address

7500 NW 25TH STREET  
SUITE 200  
MIAMI FL 33122-1700  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5900 N. Andrews Ave.

Suite, Apt. #, etc.

22 Suite 900

City & State

23 Ft. Lauderdale, FL

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 5900 N. Andrews Ave.

Suite, Apt. #, etc.

27 Suite 900

City & State

28 Ft. Lauderdale, FL

Zip

29 33309

Country

30 USA

3. Date Incorporated or Qualified

07/05/1956

4. FEI Number

59-0777858

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PHILPOTT, ROBERT A.  
1460 NE 103 STREET  
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

81 Name Laurel L. Grammig

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

401 E. Jackson St., Ste. 1700

83

84 City Tampa

FL

85 Zip Code 33602

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

*Laurel L. Grammig*  
Signature, typed or printed name of registered agent and title if applicable.

*Laurel L. Grammig*  
(NOTE: Registered Agent signature required when reinstating)

2/9/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME PHILPOTT, ROBERT A.  
STREET ADDRESS 1460 NE 103 STREET  
CITY-ST-ZIP MIAMI SHORES FL ☒ DELETE

TITLE V  
NAME ARIAS, ANTONIO M  
STREET ADDRESS 6821 SW 125 TERR  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE VT  
NAME BOON, RAYMOND O. J  
STREET ADDRESS 8500 SW 150TH TERRACE  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE VS  
NAME TRISTANI, ONDINA  
STREET ADDRESS 13720 SW 90TH AVENUE, #H  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman/Director ☐ Change ☒ Addition  
1.2 NAME J. Hyatt Brown  
1.3 STREET ADDRESS 220 S. Ridgewood Ave.  
1.4 CITY-ST-ZIP Daytona Beach, FL 32114

2.1 TITLE President/Director ☐ Change ☒ Addition  
2.2 NAME Thomas E. Riley  
2.3 STREET ADDRESS 5900 N. Andrews Ave., Ste. 900  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

3.1 TITLE Vice President ☐ Change ☒ Addition  
3.2 NAME David A. French  
3.3 STREET ADDRESS 8000 Governors Sq. Blvd., Ste. 400  
3.4 CITY-ST-ZIP Miami Lakes, FL 33016

4.1 TITLE Secretary ☐ Change ☒ Addition  
4.2 NAME Laurel L. Grammig  
4.3 STREET ADDRESS 401 E. Jackson St., Ste. 1700  
4.4 CITY-ST-ZIP Tampa, FL 33602

5.1 TITLE Treasurer ☐ Change ☒ Addition  
5.2 NAME Jim Henderson  
5.3 STREET ADDRESS 220 S. Ridgewood Ave.  
5.4 CITY-ST-ZIP Daytona Beach, FL 32114

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Laurel L. Grammig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99  
Date

813-222-4277  
Daytime Phone #

CR2E034 (1/98)