FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **248758** **(5)**

1. Corporation Name

CONERLY BOOTERY, INC.

Principal Place of Business

QUINCY PLAZA S/C
QUINCY FL 32353
US

Mailing Address

P.O. BOX 788
13 E. JEFFERSON ST.
QUINCY FL 32353-0788
US

3. Date Incorporated or Qualified: **06/26/1961**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 41 N. VIRGINIA ST.
Street, Apt. #, etc.
22
City & State
23 QUINCY, FL.
Zip
24 32351
Country
25 GABSDEN

2a. Mailing Address
26 P.O. BOX 788
Street, Apt. #, etc.
27 41 N. VIRGINIA ST.
City & State
28 QUINCY, FL.
Zip
29 32353
Country
30 GABSDEN

4. FEI Number: **59-0935104** ☐ 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

ALLEN,N E
41 N. VIRGINIA ST.
QUINCY FL 32351

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 Section 607.0502 or 617.1508, 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 _____ (Type or Print Name of Person Signing) _____ (Title of Person Signing) _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
Name	ALLEN,N E	12 NAME	
Street Address	41 N. VIRGINIA ST.	13 STREET ADDRESS	
City-St-Zip	QUINCY FL	14 CITY-ST-ZIP	
Title	SDT ☐ DELETE	21 TITLE	☐ Change ☐ Addition
Name	ALLEN,MARY JANE	22 NAME	
Street Address	41 N. VIRGINIA ST.	23 STREET ADDRESS	
City-St-Zip	QUINCY FL	24 CITY-ST-ZIP	
Title	VD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
Name	ALLEN, MICHAEL E.	32 NAME	
Street Address	4962 GLEN CASTLE DR	33 STREET ADDRESS	
City-St-Zip	TALLAHASSEE FL	34 CITY-ST-ZIP	
Title	☐ DELETE	41 TITLE	☐ Change ☐ Addition
Name		42 NAME	
Street Address		43 STREET ADDRESS	
City-St-Zip		44 CITY-ST-ZIP	
Title	☐ DELETE	51 TITLE	☐ Change ☐ Addition
Name		52 NAME	
Street Address		53 STREET ADDRESS	
City-St-Zip		54 CITY-ST-ZIP	
Title	☐ DELETE	61 TITLE	☐ Change ☐ Addition
Name		62 NAME	
Street Address		63 STREET ADDRESS	
City-St-Zip		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report or an attachment with an address.

SIGNATURE: N. E. Allen, N. E. ALLEN 1-20-96 904-627-6588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #