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

DOCUMENT # 356075

BOREE INDUSTRIES INC

Pri	ncipal	Place	of	Business
			^-	,

2. Principal Place of Business

NE 42ND TERRACE P.O. BOX 922 OKEECHOBEE FL 34973 Mailing Address

NE 42ND TERRACE P.O. BOX 922

2a. Mailing Address

OKEECHOBEE FL 34973

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90017 009 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

11/26/1969 4. FEI Number

11 '		26			59-1292461	l No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
2		27				Fee Re	equired
_ City & Stat	e	City & State			6. Election Campaign Financing		May Be
3		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the curre	nt year Intangible	
4	25	29	30		Personal Property Tax.	es	[Z]N6
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
		•		81 Name			,
SUS BOH	EE, JAMES E.		ł	82 Street Add	Iress (P.O. Box Number is Not Acceptate	le)	
	42ND TERRACE	•	1		the second section of the second section of the	raparent car apparent	arris miere teres
OKE	ECHOBEE FL 34973		Ī	83			
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			1	84 City		FL 85 Zip	Code
11 Principal	to the provisions of Sections 607 0502	and 607 1508. Florida Statu	ites, the ab	pove-named con	poration submits this statement for the p	urpose of changing its	registered
office or r	registered agent, or both, in the State of	f Florida. Such change was	authorized	by the corporati	ion's board of directors. I hereby accept	the appointment as re	gistered
ાં ≋agent.:ha	m familiar with, and accept the obligation	ons of, Section but Jubus; Fi	onda Statu	ites.		e e e e e e e e e e e e e e e e e e e	: ·· . ·
SIGNATURE		and title if applicable	E: Pagiston -	Agent signeture and in	ed when reinstating) (7 , 2752)	DATE	· · ·
12.	Signature, typed or printed name of registered agent of OFFICERS AND		L: Registered	Agent signature require	ADDITIONS/CHANGES TO OFF		ORS IN 12
		DELETE	13. 1,1 TIT	16		☐ Change	☐ Addition
TITLE .	PD PD	I''I DECEIE			() 特别 () ()		
NAME	BOREE, JAMES E.		1.2 NA				
STREET ADDRESS	NE 42ND TERRACE	• .	1.3 ST	REET ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL	•	1.4 CIT	Y-ST-ZIP	to stopped to		
TITLE	SD	☐ DELETE	2.1 TIT	ıe		☐ Change	Addition Addition
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	NE 42ND TERRACE		23.575	REET ADDRESS			
STREET ADDRESS	NE TAND LENGTON		2.5 011				
		•		TY-ST-ZIP			
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4. 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 for 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-11-99 9417634502

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