FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **384001** **(4)**

1. Corporation Name

BO-DEL COMPANY, INC.

Principal Place of Business	Mailing Address
460 N.E. FIFTH AVE. DELRAY BCH FL 33483	460 N.E. FIFTH AVE. DELRAY BCH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/18/1971**

3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: **59-1310795** ☐ 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

ADAMS, JOHN ROSS
355 N E FIFTH AVE
DELRAY BCH FL 33444

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	FAUROT, GLENN E	NAME	
STREET ADDRESS	4369 RUTH LANE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	CITY-ST-ZIP	
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	DISS, ALBERT B	NAME	
STREET ADDRESS	1112 VISTA DELMAR	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	ROBISON, JAMES	NAME	
STREET ADDRESS	2457 SUMMIT BLVD	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH, FL 00000	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	ADAMS, JOHN ROSS	NAME	
STREET ADDRESS	355 N E FIFTH AVE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is substantially complete 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 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 added on an attachment with an address.

SIGNATURE: Glenn E Faurot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95
Date

407 276-6046
Daytime Phone #

0276162 CP