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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 29 1997 8:00am  
Secretary of State

DOCUMENT # **502905**

(3)

1. Corporation Name  
**BOB'S V.W., INC.**



Principal Place of Business

**451 W. VAN BUREN ST.  
TALLAHASSEE FL 32301**

Mailing Address

**451 W. VAN BUREN ST.  
TALLAHASSEE FL 32301-4208**

3. Date Incorporated or Qualified

**05/11/1976**

3a. Date of Last Report

**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JOSEPH W. GARDNER III  
RT 5 BOX 721  
WOODVILLE HWY FL 32311**

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 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

Signature, typed and printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE

NAME **KINCHEN, HAROLD DAVID**  
STREET ADDRESS **STAR ROUTE 1, BOX 1645**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD** ☐ DELETE

NAME **KINCHEN, HAROLD DAVID**  
STREET ADDRESS **STAR ROUTE 1, BOX 1645**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE

NAME **GARDNER, JOSEPH W., III**  
STREET ADDRESS **RT 5, BOX 721**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: **Harold D. Kinchen, HAROLD D. KINCHEN** 4/23/97 904 224 8369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0045007

CR2E034 (9/96)