

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
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90078 038 ***150.00

DOCUMENT # 502905

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1976

4. FEI Number

59-1674326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 2913 SPRINGHILL RD

Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE FL

Zip

24 32310

Country

25 LEON

2a. Mailing Address

26 2913 SPRINGHILL RD

Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE FL

Zip

29 32310

Country

30 LEON

9. Name and Address of Current Registered Agent

JOSEPH W. GARDNER III
RT-5 BOX 721 7 EJ. Stringer Rd.
WOODVILLE HWY FL 32311
Crawfordville, Fla. 32327

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 607.1506, 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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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 ☐ DELETE

NAME GARDNER, JOSEPH W. III
STREET ADDRESS 7 EJ STRINGER RD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☒ Addition

1.2 NAME S
1.3 STREET ADDRESS Terry Lamar Mauldin
1.4 CITY-ST-ZIP 35 Nancy Allen St.
Crawfordville FLA 32327

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

850-574-2660

Date

Daytime Phone #

CR2E034 (11/98)