

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **516141** (9)

1. Corporation Name
BOIES CONSTRUCTION, INC.

Principal Place of Business
**944 COUNTRY CLUB BLVD
CAPE CORAL FL 33990
US**

Mailing Address
**2019 SADLER ST
NORTH FT MYERS FL 33917**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Hwy. 28, Box 4
Suite, Apt. #, etc.

27 City & State

28 FONTANA DAM, NC

29 Zip

28733

30 Country

USA

3. Date Incorporated or Qualified

10/01/1976

3a. Date of Last Report

01/26/1996

4. FEI Number

59-1709101

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

**BULLOCK, L J
2019 SADLER STREET
NORTH FORT MYERS FL 33917**

10. Name and Address of New Registered Agent

81 Name **DENNIS J. LUMSDEN**
82 Street Address (P.O. Box Number is Not Acceptable)
6719 WINKLER ROAD
83 **SUITE 121**
84 City **FORT MYERS** **FL** 85 Zip Code **33919**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

DENNIS J. LUMSDEN

(NOTE: Registered Agent signature required when reinstating)

1-21-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BULLOCK, L J	
STREET ADDRESS	2019 SADLER STREET	
CITY - ST - ZIP	N FT MYERS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BULLOCK, SUE	
STREET ADDRESS	2019 SADLER STREET	
CITY - ST - ZIP	N FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BULLOCK, L.J.	
1.3 STREET ADDRESS	Hwy. 28, Box 4	
1.4 CITY - ST - ZIP	FONTANA DAM, NC 28733	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BULLOCK, SUE	
2.3 STREET ADDRESS	Hwy. 28, Box 4	
2.4 CITY - ST - ZIP	FONTANA DAM, NC 28733	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Sue Bullock **BULLOCK**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/17/97 **704-479-8810**

Date

Daytime Phone #

CR2E034 (9/96)