

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90248 016 \*\*\*150.00

0423992

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 593638

1. Corporation Name  
BONE VALLEY IRON WORKS INCORPORATED

Principal Place of Business  
3510 CRAFTSMAN BLVD  
PO BOX 5498  
LAKELAND FL 33807-5498  
US

Mailing Address  
3510 CRAFTSMAN BLVD  
PO BOX 5498  
LAKELAND FL 33807-5498  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/16/1978

4. FEI Number  
59-1868674

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

HARRELL, WILLIAM Y.  
3510 CRAFTSMAN BLVD.  
LAKELAND, FL LP FL 33801

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HARRELL, WILLIAM Y  
STREET ADDRESS 4910 LUCE ROAD  
CITY-ST-ZIP LAKELAND FL  
 DELETE

TITLE D  
NAME JACKSON, SHARON L  
STREET ADDRESS 2829 DEER BROOKE DR W  
CITY-ST-ZIP LAKELAND FL  
 DELETE

TITLE STD  
NAME HARRELL, MARY LOUISE  
STREET ADDRESS 4910 LUCE ROAD  
CITY-ST-ZIP LAKELAND FL  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
 Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
 Change  Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
 Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
 Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
 Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
 Change  Addition

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: *William Y. Harrell* REQUIRED

04-16-99

941 665-1321

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)