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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604718 1. Corporation Name

BOYD & JENERETTE, P.A.

Dringing Class of Business

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90012 031 ***158.75



	e of Business	Mailing Address			!					
231 E ADAMS S	STREET	231 E ADAMS STREET			•					
JACKSONVILLE	FL 32202-0372	JACKSONVILLE FL 32202-0372	2			* 14/5/75 154 71 15	0.004.05			
						WRITE IN THE	S SPACE			
					3. Date Incorporated or Qu	alited				
					10/01/1973					
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Applied For		
21		26			59-1484000			Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Des	\	\$8.75	Additional		
22		27	1			red 🗡 🗀	Fee.	Required		
City & State		City & State				ncina —	\$5.0	0 May Be		
23		28	7			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip				This corporation owes the current year Intangible				
24	25	<u> </u>	¬ '			is current year ii	Yes	□No		
24	9. Name and Address of Current	1-4	<u> </u>		, Personal Property Tax. 10. Name and Address of	New Registered	\sim			
	9, Name and Address of Current	Registered Agent	81	Name	10. (40.110 0.110 1.100 0.00		-			
1 (3/6/	IAMS, E. R		*							
	E. ADAMS ST.		82	Street A	Address (P.O. Box Number is Not A	cceptable)				
							*****	200		
JACK	(SONVILLE FL 32202		83		1956 新洲					
			84	City		3,50 - 2 3 3 4 4 2 	85 Zi	p Code		
			04	City		FI	L 83 -	p dodc		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named c	corporation submits this statement t	or the purpose of	f changing	its registered		
office or re	egistered agent, or both, in the State o	if Florida. Such change was auth	norized by	the corpor	ration's board of directors. I hereby	accept the appo	ointment as	registered		
{	m familiar with, and accept the obligati				3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
SIGNATURE	Signature, typed or printed name of registered agent				11iams quired when reinstating)	1/18/99 DATE				
			<u> </u>	it digitatio to		O OFFICERS A	ND DIREC	TORS IN 12		
12.	OFFICERS AND	DIRECTORS	13.	Tagnata 10	ADDITIONS/CHANGES 1	O OFFICERS A				
12.	OFFICERS AND		13. 1.1 TITLE	· ·		O OFFICERS A	ND DIREC			
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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.

