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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 608059

1. Corporation Name

Principal Place of Business

BOYER, TANZLER & BOYER, P.A.

		-				Į.				
210 E FORSYTI	H ST	210 E FORSYTH ST								
JACKSONVILLE	FL 32202	JACKSONVILLE FL 32202				DO NOT WRITE	IN THIC C	DACE		
US US						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed				1
						01/26/1979			İ	
9 Principal P	does of Business	2a, Mailing Address			_	4. FEI Number		App	lied For	1
⊢ '	lace of Business	⊢ '				59-1876584		_ 	Applicable	1
21	# ata	26 Suite Ant # etc	Suite, Apt. #, etc.			39-16/0304		\$8.75 A		1
Suite, Apt. #, etc.		27	7			5. Certifcate of Status Desired	3	Fee Req		}
22 City & Stat			City & State			6. Election Campaign Financing		\$5.00 N	May Be	-
23		28	¬			Trust Fund Contribution Added to Fees				
Zip	Country		Zip Country			8. This corporation owes the current	vear Intan		10-1	1
24	25	—	0	•		Personal Property Tax.				
24	9. Name and Address of Current Registered Agent		<u> </u>		10. Name and Address of New Registered Agent					1
				B1 Nan	ne		=			
BOY	ER, TYRIE A.		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)				
	E FORSYTH ST		62 50			SS (F.O. BOX Number is Not Acceptable	,			
JACI	KSONVILLE FL 32202		83				<u>-</u>]
			}	B4 City			FL	85 Zip C	ode .	1
								anging its I	rogistered	1
l office or r	registered agent, or both, in the State (of Florida. Such change was aut	norizea	by the co	ed corpo proratio	oration submits this statement for the purion's board of directors. I hereby accept the	ne appointr	nent as reg	istered	
	m familiar with, and accept the obligat	lons of, Section 607.0305, Florid	ia Siaiu	.es.						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	egistered /	gent signati	re required	when reinstating)	DATE] ;
12.	OFFICERS AN	ND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	☐ DELETE	1.1 TIΠ	E	Ì			Change	☐ Addition]:
NAME	BOYER, TYRIE A.		1.2 NA	Æ						13
STREET ADDRESS	3966 CORDOVA AVENUE	1.00 1.7 1.102		EET ADDRE	ss					Li
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1,4 CITY							Į į
TITLE	SD	☐ DELETE	2.1 TITI	£				Change Change	☐ Addition	'
NAME	BOYER, TYRIE W.		2.2 NA	Æ	-					
STREET ADDRESS			2.3 STF	EET ADDRE	ss 2:	234 River Road				l
CITY-ST-ZIP			2.4 CIT	Y-ST-ZIP	J	acksonville, FL 3	<u> 32207</u>		· · ·	4
TITLE		DELETE	3.1 TITI	E	-			Change	Addition	
NAME			3.2 NA	Æ	-					1
STREET ADDRESS			3.3 STF	EET ADDRE	iss					{
CITY+ST-ZIP			3.4. CFI	Y-ST-ZIP						1
TITLE		☐ DELETE	4.1 1111	.E	7			☐ Change	Addition	1
NAME			4. 2 NA	ME						\
STREET ADDRESS			4.3 STF	EET ADDRE	ss					
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	-					ŀ
TITLE		☐ DELETE	5.1 TITI					Change	☐ Addition	
NAME	}		5.2 NA	Æ						
STREET ADDRESS			5.3 STF	EET ADDRE	ss					1
CITY-ST-ZIP			5,4 CIT	Y-ST-ZIP						1
TITLE	 	□ DELETE	6.1 TITI		+			Change	Addition	1
NAME			6.2 NA	Æ			·	-		
STREET ANDRESS			6.3 ST	EET ADORE	ss					

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 of 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, own an attachment with an address, with all other like empowered.

CITY-ST-ZIP

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90003 031 ***150.00