

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 657061 (8)**

**1. Corporation Name  
THE BOLTON COMPANY, INC.**

**Principal Place of Business Mailing Address  
2380 KNOLL DRIVE 2380 KNOLL DRIVE  
SPRING HILL FL 34608 SPRING HILL FL 34608**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 02/25/1980 3a. Date of Last Report 06/30/1994**

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
<b>21</b>		<b>26</b>		<b>44-0870944</b>		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b>		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>23</b>		<b>28</b>		<b>24</b>		<b>25</b>	
Zip	Country	Zip	Country	<b>29</b>	<b>30</b>		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**STEWART, WAYNE A.  
2380 KNOLL DRIVE  
SPRING HILL FL 34608**

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	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 re-registering)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>PS</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>STEWART, WAYNE A.</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>2380 KNOLL DRIVE</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>SPRING HILL FL</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>VT</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>STEWART, GAIL M</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>2380 KNOLL DRIVE</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>SPRING HILL FL</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>D</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>STEWART, PARTICK A.</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>2380 KNOLL DRIVE</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>SPRING HILL FL</b>	<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:** *Wayne A. Stewart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*APRIL 7, 1995 204 088 0736*  
DATE DAYTIME PHONE #