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Apr 25 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 # **841222** (3)
1. Corporation Name
BOULEVARD CORPORATION



Principal Place of Business
**2040 CRESCENT DR
DELAND FL 32720
US**

Mailing Address
**2040 CRESCENT DR
DELAND FL 32724-8309
US**

3. Date Incorporated or Qualified **08/08/1978** 3a. Date of Last Report **04/30/1996**
4. FEI Number **59-1818480** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **2040 CRESCENT DR.**
Suite, Apt. #, etc.
22
City & State
23 **DELAND, FL**
Zip
24 **32724** Country
25 **US**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
**BUSKIRK, CHARLES R
306 MERCERS FERNERY RD
DELAND FL 32720**

10. Name and Address of New Registered Agent
81 Name **VERNA H. BUSKIRK**
82 Street Address (P.O. Box Number is Not Acceptable)
2040 CRESCENT DRIVE
83
84 City **DELAND** FL 85 Zip Code **32724**

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 *Verna H. Buskirk* **VERNA H. BUSKIRK, VICE PRES./DIRECTOR** 4-16-97
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSKIRK, CHARLES R	1.2 NAME	BUSKIRK, CHARLES R.
STREET ADDRESS	306 MERCERS FERNERY RD	1.3 STREET ADDRESS	306 MERCERS FERNERY RD.
CITY-ST-ZIP	DELAND, FL 00000	1.4 CITY-ST-ZIP	DELAND, FL 32720
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSKIRK, Verna H	2.2 NAME	BUSKIRK, Verna H.
STREET ADDRESS	2040 CRESCENT DR	2.3 STREET ADDRESS	2040 CRESCENT DR.
CITY-ST-ZIP	DELAND, FL 00000	2.4 CITY-ST-ZIP	DELAND, FL 32724
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSKIRK JON	3.2 NAME	
STREET ADDRESS	2040 CRESCENT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSKIRK, ROBBIN G	4.2 NAME	
STREET ADDRESS	306 MERCERS FERNERY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Verna H. Buskirk* **VERNA H. BUSKIRK** 4-16-97 904-736-7493
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)