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03-01-1999 90239 020 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 844166

1. Corporation Name
BOYLAN SALES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**607 N MAIN ST
 P.O. BOX 358
 PLAINWELL MI 49080-358
 US**

Mailing Address
**607 N MAIN ST
 P.O. BOX 358
 PLAINWELL MI 49080-358
 US**

3. Date Incorporated or Qualified
09/18/1979

4. FEI Number
38-0366930

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.
 22 City & State
 23 Zip Country
 24

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

9. Name and Address of Current Registered Agent
**BOYLAN, LORI
 15409 PLANTATION OAKS DR
 UNIT 7
 TAMPA FL 33647**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	JOSEPH, OSCAR L	
STREET ADDRESS	805 SPRING BEACH RD.	
CITY-ST-ZIP	CARY IL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BOYLAN, JAMES C	
STREET ADDRESS	5880 TRILLIUM TR	
CITY-ST-ZIP	HARBOR SPRINGS MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYLAN, SARAHANNE	
STREET ADDRESS	5880 TRILLIUM TR	
CITY-ST-ZIP	HARBOR SPRINGS MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYLAN, MICHAEL	
STREET ADDRESS	167 COUNTRY CLUB BOULEVARD	
CITY-ST-ZIP	PLAINWELL MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYLAN, PATRICK	
STREET ADDRESS	846 WASHTEAU NE	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	DAVENPORT, JUDY	
STREET ADDRESS	2272-114TH AVE	
CITY-ST-ZIP	ALLEGAN MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSEPH, OSCAR L.	
1.3 STREET ADDRESS	115 DICKENS TRAIL	
1.4 CITY-ST-ZIP	ELGIN, IL 60120	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Boylan, Michael J.	
4.3 STREET ADDRESS	10520 N. 17 th ST.	
4.4 CITY-ST-ZIP	Plainwell, MI: 49080	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Boylan, Patrick T.	
5.3 STREET ADDRESS	8170 E. BURLEIGH RO.	
5.4 CITY-ST-ZIP	GRAND BLANC, MI: 48439	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: Judy Davenport **JUDY DAVENPORT** 1/28/99 (616) 685-6828
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)