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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F27384

1. Corporation Name

THE BOATWRIGHT COMPANY

	•						
Principal Place of Business Mailing Address					T kindlind eine sinter inden fricht eine miner	UIÇII ESELI BIBII EL	EIS BIBII (BEL
1125 E CROSS ST		1125 E CROSS ST					
PENSACOLA FL 32503		PENSACOLA FL 32503		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed	3 3FAOL	
					04/01/1981		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
¬ ' ⊦		26		59-2098658	 - - - - - - - - -	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A		
22		27		5. Certifcate of Status Desired	Fee Red		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added to		
Zip Country		Zip Country		8. This corporation owes the current year Intangible			
24	25	29 3	29 30		Personal Property Tax. How - Pour Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agen	XOT /
BO A	TARRICUT CURIC M		81	Name			
BOATWRIGHT, CHRIS M 2575 PARADISE POINT DR			82	Street Ad	ress (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32503							
FEIN	SACOLA FL 32303		83				
			84	City		85 Zip C	ode
					F		
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the above horized by	e-named co the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	ointment as reg	registerea jistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statutes				
SIGNATURE	,				uired when rainstating) DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	it signatura requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	RS IN 12
TITLE	CST	☐ DELETE	1.1 TITLE	i	7,0011101107011111020110111110201101	Change	Addition
NAME	BOATWRIGHT, CHRIS		1.2 NAME				_
STREET ADDRESS	2575 PARADISE POINT DR		1.3 STREET	ADDRESS			
	PENSACOLA FL		1.4 CITY-S				
CITY-ST-ZIP TITLE	PD	☐ DELETE	2.1 TITLE	1-211		Change	☐ Addition
NAME	BOATWRIGHT, JAMES JR		2.2 NAME				ļ
STREET ADDRESS	2575 PARADISE POINT DR		2.3 STREET	ADDRESS)
CITY-ST-ZIP	DE11010011 F1		2. 4 CITY-S	i			
TITLE	V	DELETE	3.1 TITLE			Change	Addition
NAME	BOATWRIGHT, III., JAMES		3.2 NAME				
STREET ADDRESS	2575 PARADISE POINT DR.		3.3 STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-S				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	1		4.4 CITY- S	T-ZIP			
TITLE		☐ DELETÉ	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE			_				Addition
		DELETE	6.1 TITLE			Change	Addison
NAME		LJ DELETE	6.1 TITLE 6.2 NAME			; Change	Addison

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP