


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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F28278 (2) 1. Corporation Name BOLTON'S SERVICES, INC.					
Principal Place of Business 3848 DONNA RD BIG PINE KEY FL 33043		Mailing Address 3848 DONNA RD BIG PINE KEY FL 33043		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 P.O. Box 431921 27 Suite, Apt. #, etc. 28 City & State 29 Big Pine Key, FL 30 Zip 33043 Country		3. Date Incorporated or Qualified 04/03/1981 4. FEI Number 59-2090285 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BOLTON, EDWIN A 3848 DONNA RD BIG PINE KEY FL 33043				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE		NAME		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME		P		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		BOLTON, EDWIN A		1.2 NAME	
CITY-ST-ZIP		3848 DONNA RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP		BIG PINE KEY FL 33043		1.4 CITY-ST-ZIP	
TITLE		V		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		BOLTON, JOAN		2.2 NAME	
STREET ADDRESS		3848 DONNA RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP		BIG PINE KEY FL 33043		2.4 CITY-ST-ZIP	
TITLE		DELETED		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		DELETED		3.2 NAME	
STREET ADDRESS		DELETED		3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETED		3.4 CITY-ST-ZIP	
TITLE		DELETED		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		DELETED		4.2 NAME	
STREET ADDRESS		DELETED		4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETED		4.4 CITY-ST-ZIP	
TITLE		DELETED		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		DELETED		5.2 NAME	
STREET ADDRESS		DELETED		5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETED		5.4 CITY-ST-ZIP	
TITLE		DELETED		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		DELETED		6.2 NAME	
STREET ADDRESS		DELETED		6.3 STREET ADDRESS	
CITY-ST-ZIP		DELETED		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.					
SIGNATURE: <i>Joan Bolton</i> <i>Joan Bolton</i> 3-10-98 (305) 872-1400					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0166799					

CR2E034 (10/97)