

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F40965 (8)

1. Corporation Name
BOLES REALTY, INC.



Principal Place of Business

8700 RIDGEWOOD AVE
B-210
CAPE CANAVERAL FL 32920
US

Mailing Address

8700 RIDGEWOOD AVE
B-210
CAPE CANAVERAL FL 32920
US
Canaveral

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BOLES, GERALDINE F
8700 RIDGEWOOD AVE
B-210
CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified

08/19/1981

3a. Date of Last Report

08/04/1995

4. FFI Number

59-2117995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name Boles, Charles R.
82 Street Address (P.O. Box Number is Not Acceptable)
8700 Ridgewood Ave.
83 Suite B-210
84 City Cape Canaveral FL 85 Zip Code 32920

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 Boles, Charles R. - President

Charles R. Boles

3-20-96

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME BOLES, GERALDINE F
STREET ADDRESS 8700 RIDGEWOOD AVE B-210
CITY-ST-ZIP CAPE CANAVERAL FL

TITLE D
NAME BOLES, KATHERINE ANNE
STREET ADDRESS 11548 HARDER RD.
CITY-ST-ZIP CLERMONT FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D S T ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Sanders, Katherine Anne

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D P ☐ Change ☒ Addition

3.2 NAME Boles, Charles R.

3.3 STREET ADDRESS 8700 Ridgewood Ave, Suite B-210

3.4 CITY-ST-ZIP Cape Canaveral, FL 32920

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 119.07(3)(k), 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:

Charles R. Boles - President

3-20-96

407-783-0465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (12/95)