

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90047 035 \*\*\*150.00

DOCUMENT # F40965

1. Corporation Name  
BOLES REALTY, INC.

Principal Place of Business  
1980 N ATLANTIC (AIA)  
SUITE #414  
COCOA BEACH FL 32931  
US

Mailing Address  
8700 RIDGEWOOD AVE  
B-210  
CAPE CANAVERAL FL 32920  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1981

4. FEI Number  
59-2117995

Applied For  
Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME SANDERS, KATHERINE ANNE  
STREET ADDRESS 1128 SHORECREST CIRCLE  
CITY-ST-ZIP CLERMONT FL

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME BOLES, CHARLES R.  
STREET ADDRESS 8700 RIDGEWOOD AVE, STE B-210  
CITY-ST-ZIP CAPE CANAVERAL FL

13 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

15 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

16 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Geraldine F. Boles - Geraldine F. Boles 4-22-99 407-783-0465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

011087

CR2E034 (11/98)