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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300003372 (0)

BOSTON INVESTMENT CO., INC.

## FILED Apr 27 1998 8:00am Secretary of State



					_	i i i i i i i i i i i i i i i i i i i	
Principal Place of Business Mailing Address							
	SBORO AVENUE	1217 GREENSBORO AVENUE					
TUSCALOOSA AL 35401		TUSCALOOSA AL 35401			DO NOT WRITE IN THIS SPACE		
1					3. Date Incorporated or Qualified	2 11 11 11 10 01 1102	
					07/22/1993		•
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			63-1096326		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Certificate of Status Desired		75 Additional
22		27			U. Governatio of States Debuted		ee Required
City & State		City & State			6. Election Campaign Financing		.00 May Be
Zip Country		Zip Country			Trust Fund Contribution		ided to Fees
24	25		30		8. This corporation owes or has p Personal Property Tax due June		ar intangiole
[84]	9. Name and Address of Current		<u> </u>		10. Name and Address of New R		
C.	T CORPORATION SYSTEM		B1 N	Name			
1200 SOUTH PINE ISLAND ROAD				Stroot Addre	ess (P.O. Box Number is Not Accepta	bla)	
PL	ANTATION FL 33324		82 Street Ad		335 (F.O. DOX (40/HDO) IS NOT NOCOPIA		
			63		_		
				Dity	-	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.							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or profed name of registered agent and file if applicable (NOTE, Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND		13.	grature require	ADDITIONS/CHANGES TO OFFI		CTORS IN 12
TITLE	DP	DELETE	1.1 TITLE			☐ Cha	ange Addition
NAME	WILSON, CHARLES A		1.2 NAME				
STREET ADDRESS	1217 GREENSBORO AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-ST-Z	'IP			
TITLE			2.1 TITLE			L Cha	ange 🔲 Addition 🖰
NAME	WILSON, JOLYN		2.2 NAME				
STREET ADDRESS	1217 GREENSBORO AVENUE		2.3 STREET ADDRESS				1
CITY-ST-ZIP			2 4 CITY-ST-2	7IP			
TITLE	BOSTON M CHESTED		3.1 TITLE			L Cha	ange L. Addition
NAME	BAS DOVANT DONE CAST		3.2 NAME				
STREET ADDRESS	TUCCALOOGA AL SEADI		3.3 STREET ADD				
CITY-ST-ZIP			3 4. CITY-ST-2 4.1 TITLE	(IP		Пон	ange Addition
TITLE NAME	BOSTON, PAULA	□ ottte	4.1 TILLE 4. 2 NAME				ange
STREET ADDRESS	305 BRYANT DRIVE EAST		4. 2 NAME 4.3 STREET ADD	ngess			ļ
CITY-ST-ZIP	TUSCALOOSA AL 35401	·	4.4 CITY-ST-Z				ļ
TITLE		☐ DELE <b>TE</b>	5.1 TITLE	н	1 11	Cha	ange Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD	DRESS			
CITY-ST-ZIP			5.4 CITY-ST-Z				ļ
TITLE		DELETE	61 TITLE			☐ Cha	ange Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			63 STREET ADD	DRESS			ĺ
CITY+ST-ZIP			6.4 CITY-ST-Z				
14. I hereby o	certify that the information supplied will	th this filing does not qualify for	the exemption	n stated in S	Section 119.07(3)(i), Florida Statutes.	I further certify the	at the information

4. 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 trusted 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.

JUL Direct

sident

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