FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000005977 (3)**

1. Corporation Name

BOLTON-BERKLEY, INC.

Principal Place of Business	Mailing Address
158 MICHIGAN AVE MOBILE AL 36604 US	PO BOX 141 MOBILE AL 36601

3. Date Incorporated or Qualified: **11/21/1994**
3a. Date of Last Report: **06/20/1995**

4. FEI Number: **63-0672677** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 158 Michigan Ave	26 P.O. Box 141
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Mobile, AL	28 Mobile AL
24 Zip 36604 / 25 Country Mobile	29 Zip 36601 / 30 Country Mobile

9. Name and Address of Current Registered Agent

MORRIS, DON C
3314 HWY 97 S.
CANTONMENT FL 32533

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOLTON, JOSEPH M		1.2 NAME	
STREET ADDRESS	4304 ALDEBARAN WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36693		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WIGGINS, TERRY G		2.2 NAME	
STREET ADDRESS	5404 TIMBERLINE RIDGE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36693		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WIGGINS, JEANETTE W		3.2 NAME	
STREET ADDRESS	5404 TIMBERLINE RIDGE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36693		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BOLTON, MARGARET L		4.2 NAME	
STREET ADDRESS	4304 ALDEBARAN WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36693		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: X Joseph M. Bolton 4/8/96 (334)433-1671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #