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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:55

DOCUMENT # **G42515** **(8)**

1. Corporation Name
BOYCO, INC.

Principal Place of Business	Mailing Address
5367 ORTEGA BOULEVARD JACKSONVILLE FL 32210	5367 ORTEGA BOULEVARD JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1983	3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2379407	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BOYD, RUTH P
4401 LAKESIDE DRIVE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

01 Name: WILLIAM E. BOYD
02 Street Address (P.O. Box Number is Not Acceptable): 4355 GALILEO AVE
03: 5367 ORTEGA BLVD
04 City: JACKSONVILLE FL 05 Zip Code: 32210

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: W.E. Boyd 3/15/95
Signature, type 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	PTD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BOYD, RUTH P.	1.2 NAME	RUTH P. BOYD BECKER	
STREET ADDRESS	4401 LAKESIDE DR.	1.3 STREET ADDRESS	4401 LAKESIDE DR	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VPD	2.1 TITLE	VP/S/D	☒ Change ☐ Addition
NAME	BOYD, CT III	2.2 NAME	C.T. BOYD, III	
STREET ADDRESS	4414 MCGIRTS BLVD.	2.3 STREET ADDRESS	4414 MCGIRTS BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	SD	3.1 TITLE	VP/T/D	☒ Change ☐ Addition
NAME	BOYD, W E	3.2 NAME	W.E. BOYD	
STREET ADDRESS	4355 GALILEO AVE.	3.3 STREET ADDRESS	4355 GALILEO AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: W.E. Boyd 3/15/95 904/389-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
W.E. BOYD, VP

0017043 CP