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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

## **FILED** Feb 03 1998 8:00am

_ '	1998	- T-	554	DIVISION OF	CORPORAT	IONS		Secretary	OI St	ate
DOCUI 1. Corporatio BOYCO		G4251	5	(8)				<i>J</i>		
Principal Place	e of Business		Mailing A	ddress				- I semilit dada dinum etana najan jieob aris ain	N BIBLE BEEF BIGE BIE	in <b>438</b> 61 1801
5367 ORTEGA BOULEVARD JACKSONVILLE FL 32210  5367 ORTEGA BOULEVARD JACKSONVILLE FL 32210								DO NOT WRITE IN T	THIS SPACE	
								3. Date Incorporated or Qualified 06/07/1983		
2. Principal P	lace of Business		2a. Mailing	Address				4. FEI Number 59-2379407	<del></del>	oplied For ot Applicable
Suite, Apt.	#, etc.		Suite,	Apt. #, etc.		*****		5. Certificate of Status Desired	\$8.75	Additional
22			27						<del>-</del> }	equired
City & State			City & 28	State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	<u> </u>	Country	Zip		Count	Y		8. This corporation owes or has paid th		
24	o Name and	Address of Curren	29 Registered A	gent	30			Personal Property Tax due June 30.  10 Name and Address of New Registe		No
ВО	YD, WILLIAM E.				8	1 Nar	ne	10.		
	6 ROMA BLVD				8:	2 Stre	et Addro	ss (P.O. Box Number is Not Acceptable)		
5367 ORTEGA BLVD					8.	2 316	et naute	ss (F.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32210					8	3				
					8	4 City	,		FL 85 Zip 6	Code
11. Pursuant t	to the provisions o	Sections 607.0502	2 and 607.1508	, Florida Statut	es, the abo	ve-nam	ed corpo			s registered
agent. I a	egistered agent, d m familiar with, an	of accept the obligation	or Florida, Suci	n 607.0505, Fi	orida Statut	y ine ( 95.	corporatic	oration submits this statement for the purpoon's board of directors. I hereby accept the	appointment as	redistered
SIGNATURE										}
12.	Signature, typed or print	ed name of registered ager OFFICERS AND		le. (NOT	E. Registered A	ent signi	atura required	d when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS	ATE DIRECTOR	25 IN 12
TITLE	PD	C// 102/10/412	Z BIN LEO TO NO	DELETE	1.1 TITLE		Т_	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	BOYD-BECKI	er, ruth p.			1.2 NAME					ľ
STREET ADDRESS	4401 LAKESI				1 3 STREE	T ADDRE	ss			
CITY - ST - ZIP	JACKSONVIL	LE FL			1.4 CITY	ST-ZIP				
TITLE	VSD OT I			DELETE	2.1 TITLE		1		Change	Addition
NAME	BOYD, CT III				2.2 NAME					
STREET ADDRESS CITY-ST-ZIP	4414 MCGIR JACKSONVIL	LE, Fl. 00000			2.3 STREE		SS			ļ
TITLE	VTD	· · · · · · · · · · · · · · · · · · ·		DELETE	3.1 TITLE		_		Change	Addition
NAME	BOYD, W E				3.2 NAME		1			
STREET ADDRESS	4366 ROMA				3.3 STREE	T ADDRE	ss			
CITY-ST-ZIP	JACKSUNVIL	LE, FL 00000		Consers	3.4. CITY					· Laine
TITLE				DETELE	4.1 TITLE				Change	☐ Addition
NAME CTREET ADDRESS					4. 2 NAM					}
STREET ADDRESS CITY - ST - ZIP					4.3 STREE 4.4 CITY -		»			
TITLE				DELETE	5.1 TITLE	<i>υ</i> ι~4/Γ			Change	Addition
NAME					5.2 NAME				-	
STREET ADDRESS					5.3 STREE		ss			J
CITY - ST- ZIP					5.4 CITY-	ST-ZIP				
TITLE				DELETE	6.1 TITLE				Change	Addition
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREE		SS			Į
CITY-ST-ZIP	anti that the after		stable files de		6.4 CITY		 	cation 110 07(2)(i) Elevida Statutos Lituto		7-6-2

I nereby 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 informatio 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.

GNATURE:

GNATURE:

SIGNATURE: