

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # H00345

(9)

1. Corporation Name

J.W. BOLTON ENTERPRISES, INC.

95 JUN 13 AM 8:18

Principal Place of Business

Mailing Address

3040 SW 10 ST.
POMPANO BEACH FL 33069

3040 SW 10 ST.
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

04/24/1984

03/24/1994

4. FEI Number

59-2440477

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 3000 34th ST. SO.

26 3000 34th ST. SO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B105

27 B105

City & State

City & State

23 ST. PETERSBURG, FL

28 ST. PETERSBURG, FL

Zip

Country

Zip

Country

24 33711

25 USA

29 33711

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLTON, J. W., JR.
3040 SW 10 ST.
POMPANO BEACH FL 33069

81 Name

RICHARD B HAVENS

82 Street Address (P.O. Box Number is Not Acceptable)

3000 34th ST. SO., SUITE B105

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33711

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

Richard B Havens

RICHARD B HAVENS, PRESIDENT

9 JUNE, 1995

Signature typed or printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BOLTON, J. W., JR.
STREET ADDRESS 3040 SW 10 ST.
CITY - ST - ZIP POMPANO BEACH FL

11 TITLE DP ☒ Change ☐ Addition
12 NAME HAVENS, RICHARD B
13 STREET ADDRESS 3000 34th ST. SO. SUITE B105
14 CITY - ST - ZIP ST. PETERSBURG, FL 33711

TITLE D
NAME HAVENS, RICHARD
STREET ADDRESS 1595 CORAL WAY SOUTH
CITY - ST - ZIP ST. PETERSBURG FL

21 TITLE D ☒ Change ☐ Addition
22 NAME HAVENS, BARBARA M
23 STREET ADDRESS 3000 34th ST. SO., SUITE B105
24 CITY - ST - ZIP ST. PETERSBURG, FL 33711

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

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 110.07(3)(k), 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:

Richard B Havens

RICHARD B HAVENS, PRESIDENT 6/9/95 813-864-2294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Term #