Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90003 010 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

<ol> <li>Corporation</li> </ol>	MENT # H12897 BOYCE, INC.						
Principal Place of Business Mailing Address						411 A4811 A1811 A	iðu ninu inni
523 NORRIEGN DESTIN FL 32541 US		240 GULFSHORE DR UNIT 231, WATERVIEW TOWERS DESTIN FL 32541 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/18/1984			
					4. FEI Number	1 1 4-	plied For
<b>─</b> ` `	ace of Business	2a. Mailing Address			59-2438869	J	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75	
22	27				5. Certifcate of Status Desired	Fee Re	
City & State	)	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	, I
Zíp 24	Country 25	Zip 30	Country		This corporation owes the current year Int.     Personal Property Tax.	angible Yes	□No
	9. Name and Address of Current	<u> </u>	<u>'</u>		10. Name and Address of New Registered	Agent	
				Name			
BLUE, F. FLOYD, JR., ESQ 207 FLORIDA PLACE, SE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
FT WALTON BEACH FL 32548			83				
			84	City	FL	85 Zip	Code
office or o	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was autr tions of, Section 607.0505, Florid	onzed by a Statutes	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint of the purpose of the		gistered
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS	P BOYCE, JOHN W WATERVIEW TOWERS, 240 GU	LFSHORE DR, #231	1.1 TITLE 1.2 NAME 1.3 STREE	TADDRESS	ı	Change	☐ Addition
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change	Addition
TITLE			2.1 TITLE 2.2 NAME	1		Change	☐ ₩
NAME STREET ADDRESS	WATERWENG TOWERS AND ONE FOLIOTE DR. 4004			T ADDRESS			
CITY-ST-ZIP	DECTIL EL COCA		2.4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	[			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		Christs	3.4. CITY-5	ST-ZIP		Change	Addition
TITLE	- I		4.1 TITLE			C) Strainge	
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ ØELETE	4.4 CITY-S 5.1 TITLE	1-21		Change	Addition
NAME	•	<del>-</del> -	5.2 NAME				ľ
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP			

14. 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 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change

☐ Addition