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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90031 013 \*\*\*150.00

DOCUMENT # H13479

1. Corporation Name  
BOB'S VERTICALS, INC.



Principal Place of Business  
12593 SPRING HULL DR.  
SUITE C  
SPRING HILL FL 34609  
US

Mailing Address  
12578 CORONADO DR.  
SPRING HILL FL 34609  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/23/1984

4. FEI Number  
59-2475026

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 13628 LINDEN DR

26 Suite, Apt. #, etc.

22 SPRING HILL FL

27 City & State

23 34609 HERNANDO

28 Zip Country

24 Zip

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, MITCHELL D.  
621 E. HALLANDALE BEACH BLVD  
HALLANDALE FL 33009

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

Signature, typed 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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME CASAVANT, ROBERT L.

1.2 NAME

STREET ADDRESS 9452 VANCOUVER RD

1.3 STREET ADDRESS

CITY-ST-ZIP SPRING HILL FL

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME CASAVANT, DOLORES M.

2.2 NAME

STREET ADDRESS 9452 VANCOUVER RD

2.3 STREET ADDRESS

CITY-ST-ZIP SPRING HILL FL

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

4.2 NAME

CITY-ST-ZIP ☐ DELETE

4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY-ST-ZIP

NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

5.2 NAME

CITY-ST-ZIP ☐ DELETE

5.3 STREET ADDRESS

TITLE ☐ DELETE

5.4 CITY-ST-ZIP

NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

6.2 NAME

CITY-ST-ZIP ☐ DELETE

6.3 STREET ADDRESS

TITLE ☐ DELETE

6.4 CITY-ST-ZIP

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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.

SIGNATURE:

*Dolores M. Casavant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

352-688-1571

Daytime Phone #

CR2E034 (1/98)