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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H18402 (8)

1. Corporation Name  
BOY & ASSOCIATES, P.A.

Principal Place of Business  
401 S. WC OWENS AVE.  
P.O. BOX 488  
CLEWISTON FL 33440

Mailing Address  
401 S. WC OWENS AVE.  
P.O. BOX 488  
CLEWISTON FL 33440-0488



3. Date Incorporated or Qualified 08/23/1984  
3a. Date of Last Report 04/30/1996

4. FEI Number 59-2437599  
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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country

2a. Mailing Address  
25 Suite, Apt. #, etc.  
26 City & State  
27 Zip Country  
28 Zip Country

9. Name and Address of Current Registered Agent

BOY, JOHN B., JR.  
401 S. WC OWENS AVE.  
CLEWISTON FL 33440

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
1. PST BOY, JOHN B. JR. 401 SOUTH W.C. OWENS AVE CLEWISTON FL  
2. D BOY, JOHN B. JR. 401 SOUTH W.C. OWENS AVE CLEWISTON FL  
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP  
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP  
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP  
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: John B. Boy Jr. John B. Boy Jr. April 23, 1997 911-983-5144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)