FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H22074** **(9)**

1. Corporate Name
BOLA PROPERTIES, INC.

Principal Place of Business
47 E. OCEAN BLVD.
STUART FL 34994

Mailing Address
47 E OCEAN BLVD.
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1984**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: **NOT APPLICABLE** ☐ 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. The corporation is eligible for exemption under § 193.052, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CJ LA SCALA
20 CRANES NEST
STUART FL 34996

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 Section 607.325, 617.1905 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 607.325, Florida Statutes.

SIGNATURE
(If changing Registered Agent, Registered Agent must sign here) (If changing Registered Agent, new Registered Agent must sign here)

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
Title	DP	☐ Change ☐ Addition
Name	LASCALA, C. J.	
Street Address	20 CRANES NEST	
City-St-Zip	STUART FL	
Title	D	☐ Change ☐ Addition
Name	BOALT, RALPH G.	
Street Address	925 HIBISCUS LANE	
City-St-Zip	DELRAY BCH. FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 with an arrow or in an attachment with an arrow.

SIGNATURE: C.J. LaScala — 4/21/95 — 407-286-5436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

061011 CR