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**

DOCUMENT # H31286

M.L. BOYER CONSTRUCTION, INC.

Principal Place of Business Mailing Address							
6538 TANAGER ST. 6538 TANAGER ST.						•	
SARASOTA FL 34241 SARASOTA FL 34241							
บร	,	US			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 11/26/1984		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ар	plied For
21 26					59-2466015		t Applicable
Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A		
22 27						Fee Re	quired
City & State City & State				6. Election Campaign Financing	\$5.00		
23 28				Trust Fund Contribution	Added t	to Fees	
		Zip ·	·		8. This corporation owes the current year I		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre			d Nome	10. Name and Address of New Registere	d Agent	
ଖା	L, ROBERT J	w 1	l°	1 Name			
1549 RINGLING BLVD			8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)	and the second	7.6 46
SAH	VASOTA FL 34236		8	3	A STATE OF THE STA	A Proprie state	· 原列 第
	•			4 City	THE SECTION AND AND AND AND AND AND AND AND AND AN	85 Zip C	762, 678, 975 Nodes
6 × 6 3 × 7 ·			ľ	4 City	adam an identi (知道ので) 🗲	. 85 Zip C	Sone
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the abo	ve-named con	poration submits this statement for the purpose	of changing its	registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of Section 607.0505. F	authorized b lorida Statute	y the corporati	ion's board of directors. I hereby accept the app	ointment as reg	gistered
_	freeze is a second	***					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered Ag	ent signature require	ed when reinstating): DATE		
12	OFFICERS AN	ND DIRECTORS	. 13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BOYER, MARILYN L.	•	1.2 NAME	:			
STREET ADDRESS	ACAA TANIAACD AT		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	SARASOTA FL . 140		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME .	. 22 N		2.2 NAME				
STREET ADDRESS	s		2.3 STRE	ET ADORESS	•		
CITY-ST-ZIP		•	2. 4 CITY	i i	·		
TITLE	3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	DELETE	3.1 TITLE	t		Change	Addition
NAME			3.2 NAME			_ •	_
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE	,	☐ DELETE	4.1 TITLE			☐ Change	. ☐ Addition
			4. 2 NAM				
NAME 53.5 /A. 35.5 STREET ADDRESS	*			ET ADORESS		ν.	
	/				•		ļ
CITY-ST-ZIP TITLE		□ DELETE	4.4 CITY- 5.1 TITLE			☐ Change	☐ Addition
			5.2 NAME			onunge	
NAME				ET ADDRESS			
STREET ADDRESS	· 数数						
CITY-ST-ZIP	White the	☐ DELETE	5.4 CITY- 6.1 TITLE				Addition
TITLE						☐ Ch	
	(65 S. 4 d d)					Change	[_] Addition
NAME STREET ADDRESS	(1869), 400; 1 3 7 4 5 6		6.2 NAME			Change	Add/doi!

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

CITY-ST-ZIP

(941)926- 7147 Jan. 5, 1999

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90057 029 ***150.00