


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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H35860** (6)  
1. Corporation Name  
**BOLTON ENTERPRISES, INC.**



Principal Place of Business <b>101 NORTH WOODLAND BLVD. SUITE A-301 DELAND FL 32720 US</b>	Mailing Address <b>3057 CORAL SPRING DRIVE #107 CORAL SPRINGS FL 33065 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>644 Black Ironwood Dr.</b> Suite, Apt. #, etc. 22 City & State 23 <b>DeLand, FL</b> Zip 24 <b>32724</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>644 Black Ironwood Dr.</b> Suite, Apt. #, etc. 27 City & State 28 <b>DeLand, FL</b> Zip 29 <b>32724</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>12/28/1984</b>	4. FEI Number <b>65-0352056</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>BOLTON, JOSEPH J. 3057 CORAL SPRING DR 107 CORAL SPRINGS FL 33065</b>				10. Name and Address of New Registered Agent 81 Name <b>Joseph J. Bolton</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>644 Black Ironwood Dr.</b> 83 84 City <b>DeLand</b> FL 85 Zip Code <b>32724</b>	
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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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOLTON, JOSEPH J.</b>			1.2 NAME	<b>Bolton Joseph J.</b>		
STREET ADDRESS	<b>3057 CORAL SPRING DR 107</b>			1.3 STREET ADDRESS	<b>644 Black Ironwood Dr.</b>		
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>			1.4 CITY-ST-ZIP	<b>DeLand, FL 32724</b>		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOLTON, ARLENE M.</b>			2.2 NAME	<b>Bolton Arlene M.</b>		
STREET ADDRESS	<b>3057 CORAL SPRING DR 107</b>			2.3 STREET ADDRESS	<b>644 Black Ironwood Dr.</b>		
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>			2.4 CITY-ST-ZIP	<b>DeLand, FL 32724</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-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 new attachment within 90 days.

SIGNATURE

*Joseph J. Bolton*

4/22/98 904 734 5442

CR2E034 (10/97)