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FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90005 045 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # H41689

1. Corporation Name

BOYKIN ENTERPRISES, INC.



| | |
|--|---|
| Principal Place of Business 116 W. CENTER STREET MINNEOLA FL 34755 | Mailing Address P.O. BOX 38 MINNEOLA FL 34755 |
|--|---|

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/07/1985

4. FEI Number

59-2487747

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 owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BOYKIN, M. KENNETH
116 W. CENTER STREET
MINNEOLA FL 34755

10. Name and Address of New Registered Agent

81 Name

Sara Lou Boykin

82 Street Address (P.O. Box Number is Not Acceptable)

116 W. Center St

83

84 City

Minneola

FL

85 Zip Code

34755

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 607.0508, Florida Statutes.

SIGNATURE


Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BOYKIN, KENNETH C.
STREET ADDRESS
116 W. CENTER STREET
CITY-ST-ZIP
MINNEOLA FL 34755

TITLE ☐ DELETE

NAME
BOYKIN, JEFFREY
STREET ADDRESS
116 W. CENTER STREET
CITY-ST-ZIP
MINNEOLA FL 34755

TITLE ☐ DELETE

NAME
BOYKIN, M. KENNETH
STREET ADDRESS
116 W. CENTER STREET
CITY-ST-ZIP
MINNEOLA FL 34755

TITLE ☐ DELETE

NAME
BOYKIN, SARA LOU
STREET ADDRESS
116 W. CENTER STREET
CITY-ST-ZIP
MINNEOLA FL 34755

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeff S. Boykin 4/18/99 394-5993

CR2E034 (1/98)