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 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H58352** **(6)**

1. Corporate Name

HORACE D. BOGUES, INC.

Principal Place of Business	Mailing Address
14555 SE 53RD CT STE. BII SUMMERFIELD FL 34491 US	5553 HAVERFORD WAY STE. BII LAKE WORTH FL 33463 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2651155	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOGUES, HORACE D. 14555 S.E. 53RD COURT SUMMERFIELD FL 32691	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 607.1502 and/or 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 I accept the obligations of, Section 607.325, Florida Statutes.

SIGNATURE: (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, new Registered Agent must sign) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	71 TITLE	☐ Change ☐ Addition
NAME	BOGUES, HORACE D.	72 NAME	
STREET ADDRESS	14555 S.E. 53RD COURT	73 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	74 CITY-ST-ZIP	
TITLE	STD	75 TITLE	☐ Change ☐ Addition
NAME	BOGUES, STELLA	76 NAME	
STREET ADDRESS	14555 S.E. 53RD COURT	77 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	78 CITY-ST-ZIP	
TITLE	AS	79 TITLE	☐ Change ☐ Addition
NAME	BOGUES, ANDREE.	80 NAME	
STREET ADDRESS	5553 HAVERFORD WAY.	81 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	82 CITY-ST-ZIP	
TITLE		83 TITLE	☐ Change ☐ Addition
NAME		84 NAME	
STREET ADDRESS		85 STREET ADDRESS	
CITY-ST-ZIP		86 CITY-ST-ZIP	
TITLE		87 TITLE	☐ Change ☐ Addition
NAME		88 NAME	
STREET ADDRESS		89 STREET ADDRESS	
CITY-ST-ZIP		90 CITY-ST-ZIP	
TITLE		91 TITLE	☐ Change ☐ Addition
NAME		92 NAME	
STREET ADDRESS		93 STREET ADDRESS	
CITY-ST-ZIP		94 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Assistant Secretary 4/28/95 Date 407 969-3004 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HORACE M. BOGUES.

0272008 CP