

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 # H58352

1. Corporation Name

HORACE D. BOGUES, INC.

Principal Place of Business

14555 SE 53RD CT  
SUMMERFIELD FL 34491  
US

Mailing Address

5553 HAVERFORD WAY  
SUITE B  
LAKE WORTH FL 33463  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1985

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 14535 S.E. 53<sup>rd</sup> Court

Suite, Apt. #, etc.

22 City & State

23 Summerfield Florida

24 Zip Country

34491 U.S.A.

2a. Mailing Address

26 5384 Tenth Ave North

Suite, Apt. #, etc.

27 City & State

28 Lake Worth Florida

29 Zip Country

33463 U.S.A.

9. Name and Address of Current Registered Agent

BOGUES, HORACE D.  
5143 SW 93RD AVE  
COOPER CITY FL 33328

10. Name and Address of New Registered Agent

81 Name

ANDREE M. BOGUES

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

Bogue Associates

83

5384 Tenth Avenue North

84 City

Lake Worth

85 Zip Code

FL 33463

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME BOGUES, HORACE D.

STREET ADDRESS 5143 SW 93RD AVE

CITY-ST-ZIP COOPER CITY FL

TITLE STD ☐ DELETE

NAME BOGUES, STELLA

STREET ADDRESS 5143 SW 93RD AVE

CITY-ST-ZIP COOPER CITY FL

TITLE AS ☐ DELETE

NAME BOGUES, ANDREE.

STREET ADDRESS 5553 HAVERFORD WAY.

CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 #

28 APRIL 1999

561-969-3004

CR2E034 (11/98)