SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:39

DOCUMENT # **J01612** **(7)**

1. Corporation Name

BOGER HOMES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2133 24 LUTZ FL 33549	P.O. BOX 2133 24 LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/28/1986**
3a. Date of Last Report: **06/27/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **59-2723503** ☐ 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

9. Name and Address of Current Registered Agent

BOGER, DAVID
505 2ND AVE. S.E.
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1864 DAIQUIRI LANE
84 City: LUTZ FL 85 Zip Code: 33549

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] DAVID BOGER, PRES. 6/6/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	BOGER, DAVID	12 NAME	
STREET ADDRESS	1864 DAIQUIRI LN	13 STREET ADDRESS	
CITY ST ZIP	LUTZ FL	14 CITY ST ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	BOGER, WENDY K.	22 NAME	
STREET ADDRESS	1864 DAIQUIRI LN	23 STREET ADDRESS	
CITY ST ZIP	LUTZ FL	24 CITY ST ZIP	
TITLE	VPA	31 TITLE	☐ Change ☐ Addition
NAME	HUFF, JAMES DAVID	32 NAME	
STREET ADDRESS	1864 DAIQUIRI LN	33 STREET ADDRESS	
CITY ST ZIP	LUTZ FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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: [signature] DAVID BOGER, PRES. 6/6/95 813-949-0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183240 FP