## 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 # J01612

BOGER HOMES, INC.

	•	•							
Principal Place	e of Business	Mailing Address				- I 1841110 BITT ORFOLDING BURS STROOT	181 81811 618	)  <b>                    </b>	
P.O. BOX 2133	•	PO BOX 2133							
24 LUIT 51 23549		24 LUTZ FL 33548-133			DO NOT WRITE IN THIS SPACE				
LUTZ FL 33549 LUTZ						3. Date Incorporated or Qualifed			
						02/28/1986			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		1	Applied For
21		26				59-2723503			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	]		Additional
22 City 8 Ctat	<del></del>	City & State				5.00			Required
City & State	le	28				6. Election Campaign Financing Trust Fund Contribution	]		May Be I to Fees
Zip	Country	Zip	Cou	ntry		a This corporation owes the current	vear Intar		
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Regi	stered A	gent	
BOO	NED DAVID			81	Name	·			
	Ger, david 4 Daiquiri Lane			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	)		
	Z FL 33549			83		9 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	. १ के कुछ <b>सुरह</b> स्टूबर्ग के स		1 - 100 million 1991 1 2 4 1 3 2 11 17 1
2012	212 30010			03		· · · · · · · · · · · · · · · · · · ·			
				84	City		FL	85 Zir	Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the at	bove-i	named corpo	pration submits this statement for the purp	pose of cl	hanging i	ts registered
l office or r	registered agent, or both, in the Statem familiar with, and accept the obli	e of Florida. Such change was a	uthorized	l by th	ne corporation	n's board of directors. I hereby accept the	e appoint	ment as i	egistered
				ıtes	•				
	ım tamıllar witit, and accept the obli	gallons of, Section 667.6505, 116	nua Siaii	utes.	•				
SIGNATURE	Signature, typed or printed name of registered a			utes.	signature required	<u> </u>	DATE		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	: Registered	Jtes.		when reinstating) [	ERS AND		
SIGNATURE  12. TITLE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NOTE	13.	Agent s		when reinstating)	ERS AND	DIRECT	
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A PSD BOGER, DAVID	gent and title if applicable. (NOTE	13. 1.1 TIT	Agent s	signature required	when reinstating) [	ERS AND		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A PSD BOGER, DAVID 1864 DAIQUIRI LN	gent and title if applicable. (NOTE	13. 1.1 TIT 1.2 NA 1.3 ST	Agent s  TLE  ME  REET A	signature required	when reinstating) [	ERS AND		
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A PSD BOGER, DAVID 1864 DAIQUIRI LN LUTZ FL	gent and title if applicable. (NOTE AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII	Agent a  TLE  ME  REET A	signature required	when reinstating) [	ERS AND	☐ Change	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A PSD BOGER, DAVID 1864 DAIQUIRI LN LUTZ FL VT	gent and title if applicable. (NOTE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT	Agent s  TLE  ME  TY-ST-2	signature required	when reinstating) [	ERS AND		Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS A PSD BOGER, DAVID 1864 DAIQUIRI LN LUTZ FL VT BOGER, WENDY K.	gent and title if applicable. (NOTE AND DIRECTORS	: Registered 13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA	Agent s  TLE  ME  REET A  TY-ST-	DDRESS	when reinstating) [	ERS AND	☐ Change	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A PSD BOGER, DAVID 1864 DAIQUIRI LN LUTZ FL VT BOGER, WENDY K. 1864 DAIQUIRI LN	gent and title if applicable. (NOTE AND DIRECTORS	: Registered  13. 1.1 TIT 12 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST	Agent s  TLE  ME  REET A  TY-ST-2  TLE  ME	DDRESS ADDRESS	when reinstating) [	ERS AND	☐ Change	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

TI KRANKIN OKKI ORKEN KERIN OKKIN KIRIN KIRIN ALBEK ALBAK AKAN ALBIK BIRIK ALAKI ANDIK

02-10-1999 90021 003 \*\*\*150.00

813-949-0074