

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 25 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J16569

1. Entity Name
BONIFAY HOLDING COMPANY, INC.

Principal Place of Business
224 N. WAUKESHA
BONIFAY FL 32425-2244

Mailing Address
PO BOX 63
BONIFAY FL 32425-2244

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
05-15-02 90076 037 \$150.00

4. FEI Number
59-2698517

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

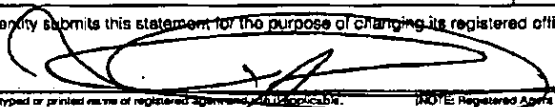
6. Name and Address of Current Registered Agent

GEORGE, VICKERY G
224 N WAUKESHA ST.
P. O. BOX 65
BONIFAY FL 32425

7. Name and Address of New Registered Agent

Name: Michael A. Medley
Street Address (P.O. Box Number is Not Acceptable): 224 N. WAUKESHA ST.
City: Bonifay FL Zip Code: 32425

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  DATE: 4/25/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

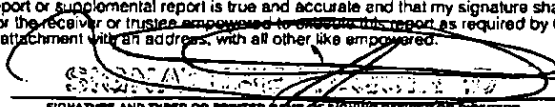
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GEORGE, GLEN D. 224 N. WAUKESHA ST. BONIFAY FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Guy F. Medley 224 N. WAUKESHA ST. Bonifay FL 32425	☐ Change ☒ Addition Chairman/CEO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael A. Medley 224 N. WAUKESHA ST. Bonifay FL 32425	☐ Change ☒ Addition Vice Chairman
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mike McCarin 224 N. WAUKESHA ST. Bonifay FL 32425	☐ Change ☒ Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brian James 224 N. WAUKESHA Bonifay FL 32425	☐ Change ☒ Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JIM ADAMS 224 N. WAUKESHA ST Bonifay FL 32425	☐ Change ☒ Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN B. DURANT 224 N. WAUKESHA ST. Bonifay FL 32425	☐ Change ☒ Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bob George 224 N. WAUKESHA ST. Bonifay FL 32425	☐ Change ☒ Addition Director

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 submit this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr

CR2E034 (9/01)