## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

T# J522

(2)

**BO-TE PROPERTIES & SALES, INC.** 

FILED Apr 10 1998 8:00am Secretary of State



Principal Place	3 Of Business	Mailing Address	Malling Address			
% ROBERT P. TOOLE 2736 HOLLYPOINT RD W. ORANGE PARK FL 32073		% ROBERT P. TOOLE 2736 HOLLYPOINT RD W. ORANGE PARK FL 32073			DO NOT WRITE IN THIS SPACE	
		***************************************			3. Date Incorporated or Qualified	
					01/15/1987	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2744469	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing	\$5.00 May Be
23		28	8		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Zip Country		8. This corporation owes or has paid the curr	ent year Intangible
24	25	29	30		Personal Property Tax due June 30. 🔀 Yes 🗌 No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered A	(gent
TO	OLE, ROBERT P.		8-	Name		
2736 HOLLYPOINT RD W.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
OR	ANGE PARK FL 32073		-	<u></u>		
			83	3		
			84	1 City	FI	85 Zip Code
11 Purcuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statu	ites, the above	ve-named co	progration submits this statement for the purpose of	changing its registered
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.						
agent. I a	m tamiliar with, and accept the oblig	gations of, Section 607.0505, F	iorida Siaiule	35.		
SIGNATURE	Signature, typed or printed name of registered ag	out and title it explicable (NO	TF: Rogistered A	nent sionature ren	prod when reinstaling) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITUE			Change Addition
NAME	TOOLE, ROBERT P.	_				
STREET AODRESS	2736 HOLLYPOINT RD W.		1.2 NAME 1.3 STREE	ET ADDRESS		
	ORANGE PARK FL		1.4 CITY-			
CITY-ST-ZIP TITLE			2.1 T(JLE	31-211		Change Addition
NAME	TOOLE, TERI B.		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
	ORANGE PARK FL		2. 4 CITY	i		
CITY-ST-ZIP TITLE	DELETE		3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3 4. CITY			ļ
TITLE			4 1 TITLE			☐ Change ☐ Addition
NAME	li .		4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CiTY			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME		-	5.2 NAM	:		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE			6 1 1111.6			Change Addition
NAME		—	6 2 NAMI	[		
STREET ADDRESS				ET ADDRESS		
			6.3 STAL	1		
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify			in Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the information
1= -21 = -4 = -1		tal analial report in true and or	acurate and t	hat my piana	ture chall have the came legal affect as if made up	der eath: that I am an

4. I hereby certify that the information supplied with this filling does not qualify to the example of supplied and annual report of 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.

Deat O. Tel His III

4-6-90 (900) 2KU-7587