

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J63208

(9)

1. Corporation Name

BOLLINGER ENTERPRISES, INC.



Principal Place of Business

2236 S. HWY A1A  
P. O. BOX 1847  
FLGLER BCH. FL 32136  
US

Mailing Address

2236 S. HWY. A1A  
P.O. BOX 1847  
FLGLER BCH. FL 32136  
US

2. Principal Place of Business

2a. Mailing Address

|    |                     |    |                     |
|----|---------------------|----|---------------------|
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State        | 27 | City & State        |
| 23 | Zip                 | 28 | Zip                 |
| 24 | Country             | 29 | Country             |

9. Name and Address of Current Registered Agent

BOLLINGER, WILLIAM R.  
2236 S. HWY A1A  
FLGLER BCH. FL 32136

3. Date Incorporated or Qualified

03/17/1987

3a. Date of Last Report

01/18/1995

4. FEI Number

59-2795447

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

10. Name and Address of New Registered Agent

|    |                                                    |
|----|----------------------------------------------------|
| 81 | Name                                               |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | City                                               |
| 84 | FL                                                 |
| 85 | Zip Code                                           |

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, typed or printed name of registered agent as to be stamped

(NOTE: Registered Agent's address required when name change)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | BOLLINGER, WILLIAM R. |                                 |
| STREET ADDRESS | 2236 S. HWY A1A       |                                 |
| CITY- ST- ZIP  | FLGLER BCH. FL        |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |

13.

|                    |                        |                                                                              |
|--------------------|------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | P                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | MICHAEL R. BOLLINGER   |                                                                              |
| 1.3 STREET ADDRESS | 610 N.W. 36th Drive    |                                                                              |
| 1.4 CITY- ST- ZIP  | GAINESVILLE, FL. 32607 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.1 NAME           |                        |                                                                              |
| 2.2 STREET ADDRESS |                        |                                                                              |
| 2.3 CITY- ST- ZIP  |                        |                                                                              |
| 3.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                        |                                                                              |
| 3.3 STREET ADDRESS |                        |                                                                              |
| 3.4 CITY- ST- ZIP  |                        |                                                                              |
| 4.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                        |                                                                              |
| 4.3 STREET ADDRESS |                        |                                                                              |
| 4.4 CITY- ST- ZIP  |                        |                                                                              |
| 5.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                        |                                                                              |
| 5.3 STREET ADDRESS |                        |                                                                              |
| 5.4 CITY- ST- ZIP  |                        |                                                                              |
| 6.1 TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                        |                                                                              |
| 6.3 STREET ADDRESS |                        |                                                                              |
| 6.4 CITY- ST- ZIP  |                        |                                                                              |

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)(b), 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:

William R. Bollinger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-96

904-439-1340

CR2E034 (12/95)