

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3: 50

DOCUMENT # J77347 (9)

1. Corporation Name
BOB BOIES, INC.

Principal Place of Business Mailing Address
4119 ELSON AVE. 4119 ELSON AVE.
SEBRING FL 33872 SEBRING FL 33872

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 1645 Hammock Rd. 26 4300 Thompson Ave
Suite, Apt. #, etc Suite, Apt. #, etc
22 City & State 27 City & State
23 Sebring, FL. 28 Sebring, FL.
Zip Country Zip Country
24 33872 25 Highlands 29 33872 30 Highlands

3. Date Incorporated or Qualified 3b. Date of Last Report
06/11/1987 03/14/1994
4. FEI Number Applied For
59-2814743 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

ROBERT F. BOIES
4300 THOMPSON AVE.
SEBRING FL 33872

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

(Signature of person authorized to register agent, agent, or both, as stated)

(Signature of Registered Agent (if agent is being changed))

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BOIES, ROBERT F.
STREET ADDRESS	4119 ELSON AVE.
CITY, ST, ZIP	SEBRING FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (12)

1. TITLE	PSD	☒ Change ☐ Addition
2. NAME	Boies, Robert F.	
3. STREET ADDRESS	4300 Thompson Ave	
4. CITY, ST, ZIP	Sebring, FL. 33872	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is accurately furnished and is not false for the information stated in this filing. I understand that any false information supplied with this filing is a violation of the laws of the State of Florida and may result in the revocation of the corporation's charter and the suspension of the corporation's right to do business in the State of Florida. I understand that any false information supplied with this filing is a violation of the laws of the State of Florida and may result in the revocation of the corporation's charter and the suspension of the corporation's right to do business in the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

2/17/95 813-385-0100