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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K17129

(3)

BOGA, INC.

**DOCUMENT #** 

Principal Place of Business	Mailing Address		
% DENNIS L. HORTON 900 W. HIGHWAY 50	% DENNIS L. HORTON 900 W. HIGHWAY 50		



% DENNIS L. 800 W. HIGH CLERMONT F	WAY 50	% Dennis I 900 W. High Clermont	TWAY 50			3. Date Incorporated or 03/07/1988	Qualified		of Last R 5/01/19	
2. Principal Pla	ace of Business	2a, Mailing Ad	dess			4. FEI Number				Applied For
21		26				59-2779299				Not Applicable
Suite, Apt. #	ŧ, etc	Suite, Apt.	#, elc.			5. Certificate of Status [	es red			Additional Required
City & State		City & Stat	e			6. Election Campaign Fi	nancing		\$5.0	May Be
23		28				Trust Fund Contribute	ori –			d to Fees
Zip	Country	Ziρ		Country		8. This corporation has	liability for i	intangible ta	ax under s	199.032,
24	25	29	30			Florida Statutes		M No		
	9. Name and Address of Cu	rrent Registered Ager	ıt		r	10. Name and Address	of New R	egistered	Agent	
				81	Name					
HORTON	n, dennis L.			82	Street Add	ress (P.O. Box Number is No	t Acceptab	olo)		
	HIGHWAY 50									
	ONT FL 32711			83						
	. = .=			84	City				<b>85</b> Z	ıp Çode
	to the provisions of Sections 607				, ,			FL	-	
	Signature, typed or printed name of registers:				1 жүркөне торк-	ADDITIONS/CHANGE	'S TO OEE	DATE	n DIRECTO	ORS IN 12
12.	D	AND DIRECTORS		13. Little	[ .	ADDITIONS/CITANOL	.3 10 011		Change	
TITLE	HORTON, DENNIS L.	٠,٠		I 2 NAME				,		<b>G</b>
NAME	900 W. HIGHWAY 50		<b>I</b>		LADDRESS					
STREET ADDRESS	CLERMONT FL		i i	1 4 CHFY-:						
CITY-ST-ZIP TITLE	OLDI IIII T L	F"10		2 1 1111.6	31.24				Change	Addition
NAME				2.2 NAME						
STREET ADDRESS					LADDRESS					
CITY-ST-ZIP				2.4 O(1Y=:						
TITLE				3 1 TITLE					☐ Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	1 ADDRESS					
CITY-ST-ZIP				3.4 CiTy -	ST - ZIP			~		
TOLE			DELETE	4 1 THT_E					[] Change	Addition
NAME			<u> </u>	4.2 NAME						
STREET ADDRESS	1		<b>l</b> .	4.3 STREE	LADORESS					
CITY-ST-ZIP				44 CITY	ST - 21F				CT Charge	□ Add@on
TITLE				5 1 TITLE					Change	☐ Addition
NAME				5.2 NAME						
STREET ADDRESS					LADDRESS					
CITY - ST - ZIP				5.4 CITY -	S1-7P				Change	Addition
TITLE			E .	6 ' 111LF					☐ change	E Manuan
NAME				6 2 NAME						
STREET ADDRESS			I.		T ADDRESS					
CITY - ST - ZIP			.,	64 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)(k). Florida Statutes. I further certify that the information indicated on this armual report or supplicmental armual 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 trusted 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:

5/1/96 (352) 394:4008