COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## OCUMENT # K50335

R.G. BOE CONSTRUCTION, INC.

ncipal Place of Business
13 E MALL DRIVE

Mailing Address

## FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90034 004 \*\*\*550.00



E MALL DRIVE T MYERS FL 33901		2413 E MALL DRIVE FORT MYERS FL 33901 US	FORT MYERS FL 33901		DO NOT WRITE IN THIS SPACE			
					<ol> <li>Date Incorporated or Qualified</li> <li>12/09/1988</li> </ol>			
Principal Place of Busines		2a. Mailing Address 26 & IDO MAIN	LINE	كأدسع	4. FEI Number 65-0087535	Applied For Not Applicable		
suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
State State Ff. Myens, FL		City & State  28 FT. MYETLS . FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
33912 25	Country USA	zip 29 33912	Count	ny ∟≤ <b>A</b> ~	8. This corporation owes the current year Intangible Personal Property.	Yes No		
9. Name an	d Address of Current F	Registered Agent			10. Name and Address of New Registered	Agent		
BOE, RAY G.				11 Name	·			
10831 STRIKE LANE				2 Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
BONITA SPRINGS FL 34135			8	13				
			8	4 City	FL	85 Zip Code		
office or registered agen	it, or both, in the State of	and 607.1508, Florida Statute f Florida. Such change was a ons of, section 607.0505, Flo	uthorized	by the corporation	ation submits this statement for the purpose of chin's board of directors. I hereby accept the appoi	nanging its registered ntment as registered		

NATURE .					DATE
	Stgnature, typed or printed name of registered agent and title if applicable.	(NOTE	Registered Agent signature requ		O OFFICERS AND DIRECTORS IN 12
<del> ,</del>	OFFICERS AND DIRECTORS	1	13.	ADDITIONS/CHANGES	
:	PO	DELETE	1.1 TITLE		Change Addition
	BOE, RAY G.		1.2 NAME		
ET ADDRESS	10831 STRIKE LANE		1.3 STREET ADDRESS		
ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP		
		DELETE	2.1 TITLE		Change Addition
<b> </b>	BOE, RAY G		2.2 NAME		
ET ADDRESS	10831 STRIKE LANE		2.3 STREET ADDRESS		
ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP		
	VD 🔲	DELETE	3.1 TITLE		Change Addition
<u>:</u>	BEASLEY, MARK E		3.2 NAME		
ET ADDRESS	6872 DABNEY ST		3.3 STREET ADDRESS		
ST-ZIP	FT MYERS FL 33912		3.4 CITY-ST-ZIP		
		DELETE	4.1 TITLE		Change Additio
.	_		4.2 NAME		— · —
ET ADDRESS			4.3 STREET ADDRESS		
ST-ZIP			4.4 CITY-ST-ZIP		
:		DELETE	5.1 TITLE	<del>.</del>	Change Addition
· [		) DELETE	5.2 NAME		
- ET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
ST-ZIP		DELETE	6.1 TITLE		Change Addition
<u> </u>		DELETE			Change C Additio
[			6.2 NAME		
ET ADDRESS			6.3 STREET ADDRESS		
ST-ZIP	crity that the information supplied with this filling does not		6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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.

**GNATURE:** 

KAY SI KOTTURITA FOOTBEED

7/1/39

(941) 415-0501

KZEU34 (5/99)