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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # K69541

(6)

BOLDING HOMES, INC.

Principa Place	e of Business	Mailing Address			1 104 (8)    310 011110	FRIOR BUILD BUILD UND	. QERDEK DERBEK DIDIN DERBEK DER	t Bittii istei
108 S. ARMENIA AVE. TAMPA FL 33608		108 S. ARMENIA AVE. TAMPA FL 33609-3308						
					3. Date Incorporat 03/02/1989	ed or Qualified	3a. Date of Last F	Report
	lace of Business	2a. Mailing Address			4. FEI Number			pplied For
	PRESS VILLAGE CIR	26 13812 CYPRESS	VILLAGE	CIR	59-2935744	<u> </u>		lot Applicable
Suite, Apt	CONTRACTOR IN THE CONTRACTOR OF THE COMMENT OF THE CONTRACTOR OF T	Suite, Apt. #, etc.			5. Certificate of Sta	atus Desired	1 1	Additional lequired
City & State		City & State	h		6. Election Campa	-		May Be
23 TAMPA, Zip	Country	Zip TAMPA, FL	Country		Trust Fund Cont	<del></del>		to Fees
24 33624	25 HTLI SPOROUGH	29 33624	30 HILLSE	OROUGH	Florida Statutes		intangible tax under s Yes No	s. 199.032,
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Add	ress of New Re	gistered Agent	
	O, JES J., III		01					
	) w. Kennedy Blvd. Te 750		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	E 750 PA FL 33609		83				P-81-741-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
11 3171	777 2 00000		84	City		***************************************	<b>85</b> Zip	Code
11 Purcuant	to the provisions of Sections 607.0502	and 607 1509. Florida Statu	toe the show	namad	corporation submits this st	alomont for the r	FL 30 21	ite registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was	authorized by	the cord	oration's board of directors	s. I hereby accer	of the appointment as	s registered
U	m tamiliar with, and accept the obligat	ions of, Section 607.0505, F	iorida Statutes	S.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable [NO	Tf. Registered Age	nt signature	required when reinstating)	<del> </del>	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHA	NGES TO OFFIC	CERS AND DIRECTO	
Ti∏LF	DP	☐ DELETE	1,1 TITLE				[X] Change	Addition
NAME	BOLDING, EDWARD L.		1.2 NAME		10010 00000000 1777	r Actor Corro		
STREET ADDRESS	3201 S. DALE MABRY #101		1,3 STREET		13812 CYPRESS VILL	LAGE CIR		
City-S1-ZiP Title	TAMPA FL ST	DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP	TAMPA, FL 33624		Y Change	Addition
NAME	BOLDING, RAMONA L.	F DICEIL	2.1 THLE				A cusula	LI Addardii
STREET ADDRESS	3201 S. DALE MABRY #101		2.3 STREET	ADDRESS	12010 CAMPINGS UNT	LACES COM		
CITY-ST-ZP	TAMPA FL		2.4 CITY - 9		13812 CYPRESS VIII TAMPA, FL 33624	LAGE CIR		
TITLE		DELETE	3.1 TITLE	J1 211	VP		☐ Change	Addition
NAME			3.2 NAME		EDWARD L. BOLDIN	G. JR.	•	***
STREET ADDRESS			3.3 STREET	ADDRESS	13803 LAKE VILLAC			
CITY+ST ZIP			3.4. CITY + 9	ST- ZIP	TAMPA, FL 33624			
THEE		☐ DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CHY-SI-7P		1 1 001.075	4.4 CITY-S	T-ZIP	****			1111111
DILLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME CTOSET ADODUCE			5.2 NAME	ADDOZGO				
STREET ADDRESS			5.3 STREET					
CITY - ST - ZIP*		DELETE	54 CITY+S 61 TITLE	1 - ZIP	<del></del>	<del></del>	Change	Addition
NAME		Fred Deceile	62 NAME				□ ouede	
STREET ACORESS			63 STREET	ADDRESS				

14. I do 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

SIGNATURE:

Edward & Rolling & Rolling Spart Ros

3-6-97 9604354

**FILED** 

Mar 11 1997 8:00am

Secretary of State