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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **L19300** **(7)**

1. Corporation Name
**BOGARDUS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JACK BOGARDUS<br>4344 TAMIAMI TRAIL<br>CHARLOTTE HARBOR FL | C/O JACK BOGARDUS<br>4344 TAMIAMI TRAIL<br>CHARLOTTE HARBOR FL |

3. Date Incorporated or Qualified: 09/29/1989
3a. Date of Last Report: 04/24/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 c/o Jack Bogardus | 26 c/o Jack Bogardus |
| 22 Suite, Apt. #, etc. R+3 Box 286 | 27 Suite, Apt. #, etc. R+3 Box 286 |
| 23 City & State Interlachen, FL | 28 City & State Interlachen, FL |
| 24 Zip 32148 25 Country USA | 29 Zip 32148 30 Country USA |

4. FEI Number: 65-0141167 ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| BOGARDUS, JACK<br>4344 TAMIAMI TRAIL<br>CHARLOTTE HARBOR FL | 81 Name: Bogardus, Jack<br>82 Street Address (P.O. Box Number is Not Acceptable): Rt. 3 Box 286 Hwy 20<br>83<br>84 City: Interlachen FL 85 Zip Code: 32148 |

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] 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BOGARDUS, JACK H.<br>4344 TAMIAMI TRAIL<br>CHARLOTTE HARBOR FL ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>Bogardus, Jack H.<br>Rt 3 Box 286<br>Interlachen, FL 32148 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BOGARDUS, SUSAN P.<br>4344 TAMIAMI TRAIL<br>CHARLOTTE HARBOR FL ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>Bogardus, Susan P<br>Rt 3 Box 286<br>Interlachen, FL 32148 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PONGER, JOYCE E.<br>303 W. MARION AVENUE<br>PUNTA GORDA FL ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/96)

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Jack H. Bogardus 4/21/97 904 429 4961