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ANNUAL REPORT
1995

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

FILED
95 JUL 21 PM 12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L47776** **(4)**

1. Corporation Name
BOLT, INC.

Principal Place of Business	Mailing Address
RR2 P.O. BOX 622 SUMMERLAND FL 33042	RR2 P.O. BOX 622 SUMMERLAND FL 33042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1990
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21: P.O. Box 2057
22 Suite, Apt. #, etc: Key West
23 City & State: FLORIDA
24 Zip: 33045 25 Country: USA

2a. Mailing Address
26: PO Box 2057
27 Suite, Apt. #, etc: Key West
28 City & State: FLORIDA
29 Zip: 33045 30 Country: USA

4. FEI Number: 65-0189972 ☐ 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

LACHNER, JANE
11 BUTTONWOOD DR WEST
SUGARLOAF SHORES FL 33044

10. Name and Address of New Registered Agent

81 Name: Annalise Mannix Lachner
82 Street Address (P.O. Box Number is Not Acceptable): 911 Center St
83: Key West Fl
84 City: FL 85 Zip Code: 33040

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: Annalise M Lachner (Signature of person accepting appointment as registered agent and the date of acceptance) (NOTE: Registered Agent signature required where mandated) DATE: May 18 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	V ☒ Change ☐ Addition
NAME	LACHNER, JANE	12 NAME	ANNALISE MANNIX-LACHNER
STREET ADDRESS	11 BUTTONWOOD DR WEST	13 STREET ADDRESS	911 CENTER ST
CITY ST ZIP	SUGARLOAF SHORES FL	14 CITY ST ZIP	KEY WEST FL 33040
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HUGHES, DANNE	22 NAME	
STREET ADDRESS	916 THOMAS ST	23 STREET ADDRESS	
CITY ST ZIP	KEY WEST FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET 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)(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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95 Title 305 245 2220 Daytime Phone #

0117050 CP