

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10000.00 **200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # L81724

(1)

1. Corporation Name

BOONVILLE HOLDINGS, INC.

Principal Place of Business

Mailing Address

% ROBERT F. HUDSON, JR.
801 BRICKELL AVENUE, SUITE 1301
MIAMI FL 33131
US

% ROBERT F. HUDSON, JR.
801 BRICKELL AVENUE, SUITE 1301
MIAMI FL 33131
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

06/18/1990

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0201610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

HUDSON, ROBERT F., JR.
701 BRICKELL AVENUE
SUITE 1600
MIAMI FL 33131

81 Name

John S. Sullivan

82 Street Address (P.O. Box Number is Not Acceptable)

801 Brickell Avenue

83 Suite 1301

84 City

Miami

FL

85 Zip Code

33131

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

John S. Sullivan, Vice-President 4/18/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	HUDSON, ROBERT F., JR.
STREET ADDRESS	701 BRICKELL AVE., #1600
CITY ST ZIP	MIAMI FL
TITLE	S
NAME	BARRETT, JAMES H.
STREET ADDRESS	701 BRICKELL AVE., #1600
CITY ST ZIP	MIAMI FL
TITLE	V
NAME	SULLIVAN, JOHN S
STREET ADDRESS	801 BRICKELL AVENUE, SUITE 1301
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	Director/President	☒ Change ☐ Addition
12 NAME	John S. Sullivan	
13 STREET ADDRESS	801 Brickell Ave., #1301	
14 CITY ST ZIP	Miami, FL 33131	☐ Change ☐ Addition
21 TITLE	Secretary	
22 NAME	John S. Sullivan	
23 STREET ADDRESS	801 Brickell Ave., #1301	
24 CITY ST ZIP	Miami, Florida 33131	☐ Change ☐ Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Sullivan, Vice-President

APR

1995

(305)381-8340