

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L92630** (7)

1. Corporation Name
BOATWRIGHT DELIVERY SERVICE, INC.

Principal Place of Business

**1102 BYERLY WAY
ORLANDO FL 32818
US**

Mailing Address

**PO BOX 67
OCOCHEE FL 34761
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1102 Summit Pl #106		2a. Mailing Address PO Box 67		3. Date Incorporated or Qualified 07/27/1990	
21. Suite, Apt. #, etc. #106		2b. Suite, Apt. #, etc.		4. FEI Number 59-3024682	
22. City & State Longwood Fla		27. City & State Ocoee Fla		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 32779		28. Zip 34761		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country Seminole Co		29. Country Orange Co		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOATWRIGHT, RAY
3100 OLD WINTER GARDEN RD.
APT 1823
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81. Name Boatwright, Ray
82. Street Address (P.O. Box Number is Not Acceptable) 1102 Byerly Way
83. City & State Orlando FL
84. Zip Code 32818

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

Raymond L Boatwright Jr

3-10-98

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOATWRIGHT, RAYMOND L JR	1.2 NAME	
STREET ADDRESS	P.O. BOX 67 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCOCHEE FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRYER, BOBBIE J	2.2 NAME	
STREET ADDRESS	1102 BYERLY WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 address.

SIGNATURE: **Raymond L Boatwright Jr**

3-10-98

CR2E034 (10/97)