SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **L94770** **(9)**

1. Corporation Name

BOCILLA, INC.

Principal Place of Business	Mailing Address
7050 PLACIDA ROAD ENGLEWOOD FL 34224	7050 PLACIDA ROAD ENGLEWOOD FL 34224

2. Principal Place of Business — 21 7025-A Placida Rd	2a. Mailing Address — 26 7025-A Placida Rd
Suite, Apt #, etc — 22	Suite, Apt #, etc — 27
City & State — 23 Englewood, FL	City & State — 28 Englewood, FL
Zip — 24 34224; Country — 25 Charlotte	Zip — 29 34224; Country — 30 Charlotte

3. Date Incorporated or Qualified: 08/21/1990
3a. Date of Last Report: 03/27/1995
4. FEI Number: 59-2324655 ☐ 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

NODEN, R. CRAIG
7050 PLACIDA ROAD
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name: R. Craig Noden
82 Street Address (P.O. Box Number is Not Acceptable): 7025-A Placida Rd
83
84 City: Englewood FL 85 Zip Code: 34224

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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	NODEN, R. CRAIG		1.2 NAME	R. Craig Noden	
STREET ADDRESS	7050 PLACIDA RD.		1.3 STREET ADDRESS	7025-A Placida Rd	
CITY-ST-ZIP	ENGLEWOOD FL		1.4 CITY-ST-ZIP	Englewood, FL 34224	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NODEN, WARREN A.		2.2 NAME		
STREET ADDRESS	385 PELICAN BEND		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NODEN, MELANIE		3.2 NAME		
STREET ADDRESS	385 PELICAN BEND		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE HAZE FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______________________ 07-31-96 941-697-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. Craig Noden, Director