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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:13

DOCUMENT # **M46874** **(7)**

1. Corporation Name
**BOVARD INDUSTRIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1050 S. FEDERAL HWY<br>STE. 125<br>DELRAY BEACH FL 33483<br>US | 1050 S FEDERAL HWY<br>STE. 125<br>DELRAY BEACH FL 33483<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1987
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2815270 ☐ 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

**BOVARD, ROBERT D.**
**1050 S. FEDERAL HWY**
**STE. 125**
**DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 | DP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BOVARD, ROBERT D. | 12 NAME | |
| STREET ADDRESS | 1050 S. FEDERAL HWY, STE. #125 | 13 STREET ADDRESS | |
| CITY ST ZIP | DELRAY BEACH FL | 14 CITY ST ZIP | |
| TITLE | DVP | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BOVARD, CHRIS R. | 22 NAME | |
| STREET ADDRESS | 1050 S. FEDERAL HWY, STE. #125 | 23 STREET ADDRESS | |
| CITY ST ZIP | DELRAY BEACH FL | 24 CITY ST ZIP | |
| TITLE | DVP | 31 TITLE | ☐ Change ☐ Addition |
| NAME | BOVARD, ROBERT M. | 32 NAME | |
| STREET ADDRESS | 1050 S. FEDERAL HWY, STE. 125 | 33 STREET ADDRESS | |
| CITY ST ZIP | DELRAY BEACH FL | 34 CITY ST ZIP | |
| TITLE | DVP | 41 TITLE | ☐ Change ☐ Addition |
| NAME | BOVARD, GILL | 42 NAME | |
| STREET ADDRESS | 1050 S. FEDERAL HWY, STE. #125 | 43 STREET ADDRESS | |
| CITY ST ZIP | DELRAY BEACH FL | 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:** X Robert D Bovard 6/1/95 407 276-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174283 CP

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CORPORATION
ANNUAL REPORT
**1995**

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

FILED

DOCUMENT # **M49238** **(2)**

1. Corporation Name
**SIX-TWO, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ZIER & HACKER, P.A.<br>800 N. OCEAN DR.<br>HOLLYWOOD FL 33019 | C/O ZIER & HACKER, P.A.<br>800 N. OCEAN DR.<br>HOLLYWOOD FL 33019 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/27/1987**
3a. Date of Last Report: **05/27/1994**

2. Principal Place of Business (21)
**3300 NORTH 29TH AVENUE**
**SUITE 102**
**HOLLYWOOD, FL 33020**

2a. Mailing Address (26)
**3300 NORTH 29TH AVENUE**
**SUITE 102**
**HOLLYWOOD, FL 33020**

Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **65-0010327** ☐ 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

**SAWYER, VERNITA D**
**2324 MAYO ST**
**HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 [illegible] DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | VP | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | SAWYER, VERNITA D | 12 NAME | | |
| STREET ADDRESS | 2324 MAYO ST | 13 STREET ADDRESS | | |
| CITY ST ZIP | HOLLYWOOD FL | 14 CITY ST ZIP | | |
| TITLE | P | 21 TITLE | P | ☒ Change ☐ Addition |
| NAME | GILYARD, HENRY | 22 NAME | GILYARD, HENRY | |
| STREET ADDRESS | 1702 S 22ND AVE. | 23 STREET ADDRESS | 2324 MAYO ST | |
| CITY ST ZIP | HOLLYWOOD FL | 24 CITY ST ZIP | HOLLYWOOD, FL 33020 | |
| 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 above, or on an attachment with an address.

**SIGNATURE:** Henry Gilyard 5/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

000403 CP