Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90232 028 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M83443

C. & G.	BOECKER, INCORPORATE	D									
Principal Place	of Business	Mailing Address							j <b>ii Qibii b</b> ii		ir ofour cool
15136 CENTRALIA RD. P.O. BOX 10552 BROOKSVILLE FL 34603 BROOKSVILLE FL 34603							DO NOT WRITE	E IN THIS (	, SPACE		
	*						3. Date Incorporated or Qualifed				
							05/26/1988				
2. Principal Pi	ace of Business	2a. Mailing Address	_				4. FEI Number			Appli	ied For
21		26					59-2893988	Not Applicab			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 Fee	5 Add Requ	
City & State	)	City. & State					~6. Etection Campaign Financing				lay Be
23		28					Trust Fund Contribution		-	ed to	Fees
Zip	Country	Zip	_	Country	1		8. This corporation owes the currer			_	7
24	25	29	30				Personal Property Tax.		Yes		No
	9. Name and Address of Currer	nt Registered Agent		81	Name		10. Name and Address of New Re	gistered A	gent		
ROE	CKER, GISELA			"	Name						
	6 CENTRALIA RD.		1			Addre	ss (P.O. Box Number is Not Acceptable	le)			
	OKSVILLE FL 34603										
DNO	ONOVILLE I E 04000			83							
				84				FL	1	ip Co	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a	uthor	ızea by	tne corpo	corpo oration	ration submits this statement for the pin's board of directors. I hereby accept	urpose of o the appoin	hanging tment as	its re regis	egistered stered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if annivable (NOT)	Regis	stered Age	nt signature re	equired	when reinstating)	DATE			<del></del>
12.		ND DIRECTORS	_	13.			ADDITIONS/CHANGES TO OFFI	ICERS AN	DIREC	TOR	S IN 12
TITLE	P	☐ DELETE	1	1.1 TITLE					Chan		☐ Addition
NAME	BOECKER, CHRIS			1.2 NAME							
STREET ADDRESS	15136 CENTRALIA RD.	· · · · · · · · · · · · · · · · · · ·		1.3 STREET ADDRESS							
CITY-ST-ZIP	BROOKSVILLE FL 34603			1.4 CITY-ST-ZIP							
TITLE,	VS			2.1 TITLE					☐ Chan	ge	☐ Addition
NAME	BOECKER, GISELA		:	2.2 NAME							
STREET ADDRESS	15136 CENTRALIA RD.			2.3 STREE	T ADDRESS						
CITY-ST-ZIP	BROOKSVILLE FL 34603		:	2.4 CITY-ST-ZIP							
TITLE	. *	☐ DELETE 3.11		3.1 TITLE					☐ Chang	ge	Addition
NAME			ı,	3.2 NAME							
STREET ADDRESS			- 1:	3.3 STREE	TADDRESS						
CITY-ST-ZIP	•		:	3.4. CITY-	ST-ZIP						
TITLE	4,3233 11 12 21 11 11	☐ DELETE	4.1 TITLE						Chan	ge	☐ Addition
NAME	on professional control of	•		4, 2 NAME							
STREET ADDRESS	BHENEY CARP		- 1	4.3 STREE	TADDRESS						
CITY-ST-ZIP	b		4.4 CITY-		T-ZIP						
TITLE		DELETÉ	5.1 TITLE		:				Chan	ge	Addition
NAME .			!	5.2 NAME							
STREET ADDRESS				5.3 STREE	TADORESS						
CITY-ST-ZIP				5.4 CITY - S	T-ZIP						
TITLE		☐ DELETE		61 TITLE					☐ Chan	ge	☐ Addition
NAMF .				6.2 NAME							

CITY-ST-ZIP 14. 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 chapter 607 and attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS