FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M99268** **(8)**

1. Corporation Name

BOTT & BOTT, INC.

Principal Place of Business	Mailing Address
31800 PROGRESS RD. LEESBURG FL 34748 US	6269 MIDNIGHT PASS RD. SARASOTA FL 34242 US

3. Date Incorporated or Qualified: **09/16/1988**

3a. Date of Last Report: **01/18/1995**

2. Principal Place of Business
21: 31800 PROGRESS Rd.
22: Suite, Apt #, etc.
23: LEESBURG, FL
24: Zip 34748
25: Country US

2a. Mailing Address
26: 5780 [illegible] Rd
27: Suite, Apt #, etc.
28: [illegible]
29: Zip
30: Country

4. FEI Number: **59-2905065** ☒ 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

BOTT, NED
6269 MIDNIGHT PASS RD
SARASOTA FL 34242

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: Ned Bott Cheryl Bott VP 4-30-96
Signature, typed or printed name of registered agent and the applicable box. If the registered agent is a corporation, the name and title of the officer or agent signing on behalf of the corporation must be typed or printed. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOTT, NED		1.2 NAME		
STREET ADDRESS	6269 MIDNIGHT PASS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	V. P.	☐ Change ☒ Addition
NAME			2.2 NAME	Cheryl Bott	
STREET ADDRESS			2.3 STREET ADDRESS	1021 ROYAL OAK BLVD	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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	900001847[illegible]	☒ Change ☐ Addition
NAME			5.2 NAME	-06/03/96--01031--039	
STREET ADDRESS			5.3 STREET ADDRESS	***400.00	
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 (12/95)

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: [signature] NED Bott 4-30-96 900-455-5539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

5/11/96