FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003032 (9)

1. Corporation Name

THE BOOT SCOOTERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1283 BONITA SPRINGS FL 33959	P.O. BOX 1283 BONITA SPRINGS FL 33959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0476119 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

WHITT, MICHAEL R
13515 BELL TOWER DR
SUITE 101
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: STEVE E. LASHLEY
82 Street Address (P.O. Box Number is Not Acceptable): 3308 Santiago Way
83:
84 City: Naples FL 85 Zip Code: 33942

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: Steve E. Lashley, President — 4/26/95
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	PD	11 TITLE		☒ Change ☐ Addition
NAME	LASHLEY, STEVE	12 NAME		
STREET ADDRESS	774 WIGGINS LAKE DR #104	13 STREET ADDRESS	3308 Santiago Way	
CITY-ST-ZIP	NAPLES FL 33963	14 CITY-ST-ZIP	Naples, FL 33942	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	MIANTE, CHRISTINE	22 NAME	Lashley, Christine M.	
STREET ADDRESS	774 WIGGINS LAKE DR #104	23 STREET ADDRESS	3308 Santiago Way	
CITY-ST-ZIP	NAPLES FL 33963	24 CITY-ST-ZIP	Naples, FL 33942	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	LYLES, HELEN	32 NAME		
STREET ADDRESS	P.O. BOX 1283 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33959	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	LYLES, JUDY	42 NAME		
STREET ADDRESS	P.O. BOX 392 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 33959	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steve E. Lashley, President 4/26/95 (813-566-8162)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081433