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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000034196 (4)

1. Corporation Name

BOYS AT THE BRIDGE, INC.

Principal Place of Business

**8042 SE BRIDGE RD.
HOBE SOUND FL 33455**

Mailing Address

**8042 SE BRIDGE RD.
HOBE SOUND FL 33455-5313**

3. Date Incorporated or Qualified
05/03/1993

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TYLER, CAROL A
8602 SE DRIFTWOOD ST
HOBE SOUND FL 33455**

4. FEI Number

65-0409068

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

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

8276 SE PALM ST

83

84 City

SAME

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **TYLER, OLIN D**
STREET ADDRESS **8602 SE DRIFTWOOD**
CITY - ST - ZIP **HOBE SOUND FL**

TITLE **S** ☐ DELETE
NAME **TYLER, CAROL A**
STREET ADDRESS **8602 SE DRIFTWOOD ST**
CITY - ST - ZIP **HOBE SOUND FL**

TITLE **D** ☐ DELETE
NAME **TYLER, DEANA M**
STREET ADDRESS **8917 SE HOBE RIDGE AVE**
CITY - ST - ZIP **HOBE SOUND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SAME** ☒ Change ☐ Addition
1.2 NAME **SAME**
1.3 STREET ADDRESS **8276 SE PALM ST**
1.4 CITY - ST - ZIP **SAME**

2.1 TITLE **SAME** ☒ Change ☐ Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS **8276 SE PALM ST**
2.4 CITY - ST - ZIP **SAME**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

Carol Tyler **CAROL TYLER**

3/28/97 561-546-4840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)