

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:14

DOCUMENT # P93000038613 (4)

1. Corporation Name

BOLGER ENTERPRISES, INC.

Principal Place of Business

6709 RIDGE ROAD
 STE 303
 PORT RICHEY FL 34688
 US

Mailing Address

1408 SUNSET ROAD
 TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/25/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3190334

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. 193.002
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
 21. **6709 RIDGE ROAD**

2a. Mailing Address
 26. **722 Saddlebrook DR.**

State, Apt. #, etc

State, Apt. #, etc

22. **201**

27. **201**

City & State

City & State

23. **PORT RICHEY**

28. **TARPON SPRINGS**

Zip

Zip

24. **34668**

25. **PASCO**

29. **34689**

30. **PINELLAS**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOLGER, JOHN R
 1408 SUNSET ROAD
 TARPON SPRINGS FL 34689**

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 607.1506, Florida Statutes, the above named corporation warrants 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 must be printed name of registered agent and the corporation

For FEI Registered Agent signature required when registering

(SEE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

**BOLGER, JOHN R
 1408 SUNSET ROAD
 TARPON SPRINGS FL 34689**

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☐ Change ☐ Addition

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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 193.002(5)(b), 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 make this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John R Bolger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/95 813 846-9800
 DATE TELEPHONE

CR2E034 (3/95)