**FILED** 

03-04-1999 90043 038 \*\*\*150.00

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## 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 # **P93000038613**1. Corporation Name

**BOLGER ENTERPRISES, INC.** 

Principal Place of Business Mailing Address								t indiient jin ininn litti datta entit notti not	.W 111   1   1   1   1   1   1   1   1	INI 11899 IIII 1083	
6709 RIDGE RD		1317 HILL!	1317 HILLSIDE DRIVE								
103			TARPON SPRINGS FL 34689					BO NOT WRITE IN THE	C CDACE		
PORT RICHEY FL 34668 US								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
US								05/25/1993		}	
9 Dainainal DI	ace of Business	2a. Mailin	o Address					FEI Number	<del></del>	Applied For	
¬ `	ace of business	26	g Address					59-3190334		Not Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.							Additional	
22	,, oto.	<b>⊢</b> ¬	27				5.	Certifcate of Status Desired	<b>+</b> - · · ·	Required	
City & State	9		City & State				6.	Election Campaign Financing	\$5.0	0 May Be	
23		28	28					Trust Fund Contribution		to Fees	
Zip	Country	Zip		Cou	ntry		8.	This corporation owes the current year Ir	ıtangible		
24	25	29		30				Personal Property Tax.	Yes	Deño	
	9. Name and Address of Curre	ent Registered /	Agent				10.	Name and Address of New Registered	i Agent		
DOL	CED JOUN D				81	Name					
BOLGER, JOHN R				82	Street Add	Idress (P.O. Box Number is Not Acceptable)					
1317 HILLSIDE DR TARPON SPRINGS FL 34689											
IAN	PUN SPRINGS FL 34009				83						
					84	City			85 Zip	p Code	
								F			
office or re	edistered agent or both in the Stat	ie of Florida, Suc	n change was a	utnonzed	i by i	the corporati	poration ion's bo	n submits this statement for the purpose co pard of directors. I hereby accept the appo	if changing i	registered	
agent. I a	m familiar with, and accept the oblig	jations of, Section	n 607.0505, Flo	rida Stati	utes.			, , , , , , , , , , , , , , , , , , , ,			
SIGNATURE											
	Signature, typed or printed name of registered ac	gent and title if applicab AND DIRECTORS		Registered	Agent	t signature require		einstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12	
12.	PD	IND DIRECTOR	DELETE	1.1 TD	ne.			ADDITIONO/CITANGES TO CITAGENO	Change		
TITLE	BOLGER, JOHN R			1.2 NA						_	
NAME	1317 HILLSIDE DR					ADDRESS					
STREET ADDRESS	TARPON SPRINGS FL			1.4 CF		į					
CITY-ST-ZIP TITLE	TATE ON OFTENOOTE		☐ DELETE	2.1 Ti		· ZIF			Change	e	
NAME			<del></del>	2.2 NA							
STREET ADDRESS						ADDRESS				į	
				2.40				•	•		
CITY-ST-ZIP TITLE			DELETE	3.1 TF					Change	e Addition	
NAME			_	3.2 N				•		i	
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP				3.4. C		-					
TITLE			☐ DELETE	4.1 TF					Change	e 🗌 Addition	
NAME				4. 2 N	AME						
STREET ADDRESS				4.3 ST	REET	ADDRESS					
CITY-ST-ZIP				4.4 CI		- 1					
TITLE			☐ DELETE	5.1 TC		-			☐ Chang	e Addition	
NAME				5.2 NA	WE	İ					
STREET ADDRESS				5.3 \$1	REET	ADDRESS				ŀ	
CITY-ST-ZIP				5.4 CI		r-zip					
TITLE			☐ DELETE	6.1 TI	TLE				Change	e	
NAME				6.2 N	ME						

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS