## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 1. Corporation Name

1996

P9400000750 (7)

JEFF DYSON BOOFING, INC.

	•	
Principal Place of Business	Mailing Address	
NOCKBESSEK NEKCESSIGER KREEK CROUZESER DUGGESEK SKREET	% DAVID A. KING 1416 KINGSLEY AVE.	



	ATTENTACE	n mananan	ANDRAY		ORANGE PARK FL 32	073			-	Date Incorporated or Qualified 12/27/1993	3a. Date	of Last	
2. Principal Place of Business				2a.	a. Mailing Address				4. FEI Number	<u> </u>		Applied For	
21	395 Co:	rporat	e Way	26	<del>-</del>					<b>XAPPMES</b> X <b>POP</b> K 59	-32160	67 💳	Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.				5. Certificate of Status Desired	W	\$8.7	5 Additional	
22				27						5. Certificate of Status Desired	X		Required
City & State					City & State				6. Election Campaign Financing		\$5.0	OO May Be	
23	Orange	Park,	FL	28					Trust Fund Contribution			ed to Fees	
<b>—</b>	Zip		Country		Zip	Country				8. This corporation has liability for	ntangible ta	k under s	s 199.032,
24	32073		25 USA	29		30				Florida Statutes 🔲 Yes			
Name and Address of Current Registered Agent						ļ			10. Name and Address of New B	agistered /	gent		
							81	Name					
		avid a.					82	Street A	Address	(P.O. Box Number is Not Acceptab	le)		
	<b>WARK</b>	NOSCEX:	MINIEXX				Attorney at Law						
	XXXXXXXX	erkriki	<b>RDX320X3</b> XX				83						
							84		b_K1	ngsley Avenue		Jac I =	- 0-1-
							04	1 1	nae '	Park	FL	85   Z	ip Code 32073
11.	Pursuant to	the provisi	ions of Sections 607.050	2 and 60	7.1508, Florida Statutes	s, the ab	ove-i	named co	rporatio	on submits this statement for the pur	pose of cha	nging its	registered office
	or registered familiar with	d agent, or , and acce	both, in the State of Flor pt the obligations of, Sec	ida. Such tion 607.	h change was authorize .0505, Florida Statutes.	d by the	corp	oration's t	board o	on submits this statement for the pur of directors. I hereby accept the appo	ointment as	registere	d agent. I am
SIG	NATUREs	Ignature, typed	or printed name of registered ager	I and their	applicable. (NOT	E Registere	d Ager	nt signature re	equired wh	en reinstating)	DATE	·	
12.			OFFICERS AN	ND DIREC		13.				ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12
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14. Ido 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)(k). 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: NG OFFICER OR DIRECTOR

Daytime Phone #

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CR2E034 (12/95)