FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012736 (2)

BAD BOYS OF COLLIER COUNTY, INC

Mailing Address Principal Place of Business 376 CENTURY DR. 1821 CR 951 NAPLES FL 33937 MARCO ISLAND FL 33937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 <u>65-0468478</u> Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Zφ Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **BLUMMER**, KELLY 1371 17TH ST SW 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33964 63 84 City 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** e of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DFLETE TITLE 1.1 TITLE **BLUMMER, KELLY** NAME 1.2 NAME 1371 17TH ST. SW STREET ADDRESS 1.3 STREET ADDRESS Naples fl CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE BURTON, ROBERT J. NAME 2.2 NAME **376 CENTURY DRIVE** STREET ADDRESS 2.3 STREET ADDRESS MARCO ISLAND FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change TITLE DELETE 4.1 TITLE Addition | NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TIME NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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.