Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90081 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation Name BOSWELL BUILDERS, INCORPORAT							
Principal Place of Business	Mailing Address			7 18814881 118 18411 Grate Seriet			1231
995 SHALIMAR POUINTE DR	P OBOX 756						
SHALIMAR FL 32579	SHALIMAR FL 32579						
US	US			DO NOT WRITE IN THIS SPACE			
			09	ite Incorporated or Qualife 3/12/1994	ed		
Principal Place of Business	2a. Mailing Address		1	I Number		A	pplied For
21	26		59) 3273854		N	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #. etc		5 Co	rtifcate of Status Desired			Additional
22	27		J. Cei			Fee R	equired
City & State	City & State	-	6. Ele	ection Campaign Financin	ng []	\$5.00	May Be
	28		Tru	ust Fund Contribution		Added	to Fees
Zip Country	Zip	Country	8. Thi	is corporation owes the ci	urrent year Ir	ntangible	
24 25	29	30	Per	rsonal Property Tax.		☐ Yes	□No
9. Name and Address of Current	Registered Agent		10. Na	ame and Address of Nev	w Registered	d Agent	
		81 Name	9				
BOSWELL, JOHNNY A		82 Stree	t Address (B.O.	Box Number is Not Acce	ntable)		
995 SHALIMAR POINTE DR		02 31166	C. 1) Ecolobs 1	DOX INGTIDE IS INCO ACCO	plable)		
SHALIMAR FL 32579		83					
						85 Zip	Code
		84 City			FI	103 Zip	
11. Purplant to the provisions of Sections 607 0502	and 607 1508 Florida Statute	e the above-name	d cornoration sul	ibmits this statement for th	FL he purpose o	_	s registered
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o	and 607.1508, Florida Statute f Florida. Such change was au	e the above-name	d corporation sul poration's board	ibmits this statement for the	he purpose o	_	s registered
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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 fin an attachment with an address, with all other like empowered

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP