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

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P94000078041 (8)

JOHN BORDEN, INC.	P94000078041 (8)	
Principal Place of Business	Mailing Address	
409 CRANBERRY LANE BRANDON FL 33510	409 CRANBERRY LAME BRANDON FL 33510	



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20		#, etc.	h		5. Certificate of Status Desired \$8.75 Additional			
28		de	h		- To Vol. Vilay be			
BORDEN				<u> </u>	8. This corporation has liability for intangible tax under s 199.032,			
BORDEN, JOHN C 409 CRANBERRY LANE BRANDON FL 33510	24		1 - 1	[30]				
BORDEN, JOHN C 409 CRANSERRY LANE BRANDON FL 33510 40 Cty Cry Cry Cry Cry Cry Cry Cry		9. Name and Address of Curr	ent Hegistered Agent		10. Name and Address of New Registered Agent			
## 409 CRANBERRY LANE BRANDON FL 33510 ## Otly FL 85 Zp Code ## Ot				81 Name				
BRANDON FL 33510				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)			
The Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Floorida Statutes, the above named corporation submits this statement for the purpose of changing its registered of rongistered agent, or both, in the State of Florida, Such changing was authorized by the corporation's board of directors. Hereby accept the appointment as registered digent, I am statement to the purpose of changing its registered of remains with, and accept the obligations of, Section 607.05.05, Florida Statutes with, and accept the obligations of Section 607.05.05, Florida Statutes with, and accept the obligations of Section 607.05.05, Florida Statutes with, and accept the obligations of Section 607.05.05, Florida Statutes with, and accept the obligations of Section 607.05.05, Florida Statutes with, and accept the obligations of Section 607.05.05, Florida Statutes with and sections. Hereby accept the appointment as registered of remains and of rections. Hereby accept the appointment as registered of remains and of rections. Hereby accept the appointment as registered of remains and of rections. Hereby accept the appointment as registered of remains and of rections. Hereby accept the appointment as registered of remains and of rections. Hereby accept the appointment as registered of remains and registered of rections. Hereby accept the appointment as registered of remains and registered of remains and registered of rections. Hereby accept the appointment as registered of remains and registered of rections. Hereby accept the appointment as registered of remains and regis				83				
1.1 Pursuant to the provisions of Sections 607 00202 and 607 1508. Floridal Statutes the above named corporation submits this statement for the purpose of changing its registered of or or orgostered agent, or both, in the State of theirdis. Such change was authorized by the corporation's board of directors. Finereby accept the appointment as registered off or orgostered agent, or both, in the State of their change was authorized by the corporation's board of directors. Finereby accept the appointment as registered off or orgostered agent, and accept the obligations of, Section 607 0000, Floridal Statutes. SIGNATURE				84 City	85 Zip Code			
SIGNATURE Symbol to fixed or printed name of regolation all file of approaches NOTE regolation all grown requires when resignating DATE	11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the above named corp				
Separate bytes of permitted name of registation against and the Pary Registers PACTE Pagintary and Again transmire along) DATE	or registe familiar w	red agent, or both, in the State of Fic vith, and accept the obligations of, Se	rida, Such change was authorizi ction 607,0505, Florida Statutes	ed by the corporation's bo :	pard of directors. I hereby accept the appointment as registered agent. I am			
12.	SIGNATURE	Signature, typed or printed name of registered a.e.	ont and title if applicable (NO	Cf. Registered Agent signature requ	DATE			
Title	12.							
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I do 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 logal 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 inchanged, or an artifacturent with an address.

GNATURE:

SCHAILE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

Obstine Priorie

October 119.07(3)(k), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(k), Florida Statutes in Florida Information indicated in Section 119.07(3)(k), Florida Statutes Information indicated in Section 119.07(3)(k), Florida Statutes Information indicated in Section 119.07(

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