

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # **P95000074660 (8)**

1. Corporation Name
BOLD CITY SERVICES, INC.

Principal Place of Business

**6591 ALVIN ROAD
JACKSONVILLE FL 32222**

Mailing Address

**6591 ALVIN ROAD
JACKSONVILLE FL 32222-1553**



2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

25. Country

24.

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

Country

29.

30.

9. Name and Address of Current Registered Agent

**GROW, DAVE T
6591 ALVIN ROAD
JACKSONVILLE FL 32222**

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

04/17/1996

4. FEI Number

59-3340039

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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 agent 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:

(Signature of officer or director of the corporation or of the registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE:

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**DP
GROW, DAVE T
6591 ALVIN ROAD
JACKSONVILLE FL 32222
DST
TAYLOR, DEBRA L
6591 ALVIN ROAD
JACKSONVILLE FL 32222**

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

☐ Change

☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

31. TITLE

☐ Change

☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

41. TITLE

☐ Change

☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

51. TITLE

☐ Change

☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

61. TITLE

☐ Change

☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

14. I, the undersigned, 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Debra Lynn Taylor** *Debra L Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-97

DATE

904-778-8192

TELEPHONE NUMBER

CR2E034 (9/96)