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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000095208 (1)

1. Corporation Name  
BOLL AIR, INC.



Principal Place of Business  
1273 NORTH SEAGULL POINT  
THE ISLANDS  
CRYSTAL RIVER FL 34429

Mailing Address  
P.O. BOX 1787  
DUNNELLON FL 34430-1787

3. Date Incorporated or Qualified 12/12/1995  
3a. Date of Last Report 03/06/1996

2. Principal Place of Business  
21 DUNNELLON AIRPORT  
Suite, Apt. #, etc.  
22 BOLL, INC HANGAR  
City & State  
23 DUNNELLON, FL.  
Zip  
24 34430  
Country  
25 MARION  
26 BOLL AIR, INC  
Suite, Apt. #, etc.  
27 BOX 1787  
City & State  
28 DUNNELLON, FL.  
Zip  
29 34430  
Country  
30 MARION

4. FEI Number 65-0629639  
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

9. Name and Address of Current Registered Agent  
BOLL, JOHN  
1273 NORTH SEAGULL POINT  
THE ISLANDS  
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 *John S. Boll* DATE 1/29/1997  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE PT ☐ DELETE  
NAME BOLL, JOHN L  
STREET ADDRESS 1273 NORTH SEAGULL POINT  
CITY - ST - ZIP CRYSTAL RIVER FL 34429  
TITLE S ☐ DELETE  
NAME SURRENCY, EVELYN  
STREET ADDRESS LADY BUG DR.  
CITY - ST - ZIP CRYSTAL RIVER FL 34428  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP NONE  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *John S. Boll* DATE 1/29/97 352-4890836  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)