

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

FILED

May 19 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 # P95000096580 (2)

1. Corporation Name

BOUVINE INDUSTRIES, INC.

Principal Place of Business

469 ST.L FRANCIS STREET
TALLAHASSEE FL 32301

Mailing Address

469 ST.L FRANCIS STREET
TALLAHASSEE FL 32301-2226



2. Principal Place of Business

21 469 St. Francis St.
Suite, Apt. #, etc.

2a. Mailing Address

26 469 St. Francis St.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PITTS, BRENT H
469 ST.L FRANCIS STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

12/21/1995

3a. Date of Last Report

06/05/1996

4. FEI Number

59-3358609

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 P.H.S. Brent H
82 Street Address (P.O. Box Number is Not Acceptable)
469 St. Francis St.

84 City Tallahassee

FL

85 Zip Code 32301

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

[Signature]

Brent Pitts

4/28/97

Signature of person providing name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BREWER, BRETT R | |
| STREET ADDRESS | 608-A WEST CALL STREET | |
| CITY - ST - ZIP | TALLAHASSEE FL 32304 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GIBLETT, BRIAN D | |
| STREET ADDRESS | 2230 AMELIA CIRCLE | |
| CITY - ST - ZIP | TALLAHASSEE FL 32304 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PITTS, BRENT H | |
| STREET ADDRESS | 3421-B JIM LEE ROAD | |
| CITY - ST - ZIP | TALLAHASSEE FL 32301 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 3359 A Trafalger Sq. |
| 1.4 CITY - ST - ZIP | Tallahassee FL 32301 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 700 E Jefferson St. |
| 2.4 CITY - ST - ZIP | Tallahassee FL 32301 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/28/97 (904) 677-9688

CR2E034 (9/96)