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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

ĺ <u>'</u>	1998	DIVISION OF CO	ORPORATIONS	Secreta	ly of State
1. Corporation	MENT # <b>P9600</b> BOY, INC.	0009432 (1)			
Principal Place	e of Business	Mailing Address		-	OBINI DONO IDINI DIOSE INICE FILI IDEI
HIGHWAY 24	*****	P.O. BOX 1389			
BRONSON FL US	. 32621	BRONSON FL 32621 US		DO NOT WRITE IF	N THIS SPACE
				3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
				01/30/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-3360806	CO 75
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Compte	28			Added to Fees
Zip 24	Country 25	Žιρ 29	Country 30	This corporation owes or has paid     Personal Property Tax due June 3	
24	9. Name and Address of Curren		1	10. Name and Address of New Regi	
PR	UITT, DEAN	(	81 Name	Van Ochitt	<u> </u>
995	50 NE STATE ROAD (20 2-4	t POBOX1389	82 Street Addr	ess (P.Q. Box Number is Not Acceptable	
J BR	ONSON FL 32621		9950	NE SR 24	
			83 80	BOX 1389	
			84 City Ar	onson	FL 85 Zip Code 32621
11. Pursuant I	to the provisions of Sections 607 050	02 and 607 1508. Florida Statutes			roose of changing its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was au stious of Section 607,0505, Elori	thorized by the corporation	oration submits this statement for the pur ion's board of directors. I hereby accept	the appointment as registered
SIGNATURE	m while with and dodely the being	thone on ecchoir our bood, Fibri	da dialatos.		
	Signature, typed or printed name of registered age		Registered Agent signature require		DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME	PRUITT, DEAN		1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	9950 NE STATE ROAD 24		1.3 STREET ADDRESS		
CITY-\$1-ZIP	BRONSON FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	100000000000000000000000000000000000000	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>	T nevert	2. 4 CITY - ST - ZIP		Change T 1449ing
TITLE NAME		☐ DÉLETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	***	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-7IP		Change 1 Address
TITLE     NAME		☐ DETEIE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	i.		6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZiP			6 4 CITY - ST - ZIP		

14. 1 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 suppliemental 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 an attachment with an address.

Ven (1) 60 511

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**FILED** 

May 19 1998 8:00am

Secretary of State