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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600 1. Corporation Name BAULDREE ENTERPRISES, INC. P96000010045 (8)

## **FILED** Apr 23 1998 8:00am Secretary of State



- <u>-</u>					44    00    0  40  0  1  0
Principal Place of Business Mailing Address 734 N 3RD ST. SUITE 418A P.O. BOX 490105 LEESBURG FL 34748 LEESBURG FL 34748					
LEESBURG FL 34748		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				02/01/1996	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3357646	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
L Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	_ ' _ "
24	[25]		30	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes   No
9. Name and Address of Current Registered Agent  RAULINEF FRIFR I 81 Name				10. Name and Address of New Registered	Ageni
BAULOREE, ERLER L			or marrie		
734 N 3RD ST, SUITE 418A LEESBURG FL 34748			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
LECOBONG FL 34740			B3		
			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					changing its registered
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, typied or printed name of registered agent and title 1 applicable (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OF LICE HS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	OP	☐ DELETE	1.3 TITLE		☐ Change ☐ Addition
NAME	BAULDREE, BYRON I		1.2 NAME		
STREET ADDRESS	734 N 3RD ST, SUITE 418A		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	LEESBURG FL 34748		1.4 CITY-ST-ZIP		
TITLE	ST SALHODES EDIED I	[]] DELETE	2.1 TITLE		Change Addition
NAME	BAULDREE, ERLER L		2.2 NAME		
STREET ADDRESS	734 N. 3RD ST., SUITE 418A		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		2. 4 CITY~ST-ZIP	·	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		l
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP		Florer	3 4. CITY-ST-ZIP		Change Take
TITLE		[] DELETE	4.1 TITLE		Change    Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		I DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5,1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		1
STREET AODRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DFLETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		טוננונ 🗀 טוננונ	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Casting 440 07/0V/3 Flavida Ptat day 14 other as	

Thereby 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 of 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.

Exter L. Baulare

4/17/98