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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000055837 (4)

JUST BORING, INC.

FILED Apr 24 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						1 INSTITUTE THE COLUMN WELLS RADIO & DISCO	13 40141 03101	OLSBI OBION AIN	II 1881 1881
11401 HWY THONOTOSA	301 NORTH ASSA FL 33592	11401 HWY 301 NOF THONOTOSASSA FL							
						3. Date Incorporated or Qualified 06/28/1996	3a. Da	ite of Last F	Report
- ¬ '	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	~ <i>^</i>		pplied For
et Coule Au	St. # oto	26 Suite Ast # etc				45-04465-6	27		ot Applicable
Surte, Ap 2]	g. #, etc	Suite, Apt. #, etc	<i>;</i> .			5. Certificate of Status Desired			Additional equired
Cily & St	ale	City & State	(6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for			. 199.032,
4	25	29	30				Yes [
	9. Name and Address of Cure	rent Hegistered Agent		81	Name	10. Name and Address of New Re	gistered /	rgent .	~
RICHARDS, PHILLIP 11401 HWY 301 NORTH						(D O D. W	.1-1		
	HONOTOSASSA FL 33592			82	Street Addre	ess (P.O. Box Number is Not Acceptal	010)		
				83					
				84	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code
11. Pursuar	nt to the provisions of Sections 607.0	0502 and 607 1508. Florida 5	Statutes, the al	bove	-named corpo	oration submits this statement for the p		changing	its registered
office o	r registered agent, or both, in the Sta	ate of Florida, Such change	was authorized	d by	the corporation	on's board of directors. I hereby acce	pt the app	ointment as	registered
		agailoris or, ocollori cor soc	o, rionda ota	,u.u.s.					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	d Agen	nt signature require	d when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND		
TITLE	D	☐ DELET						Change	Addition
NAME	RICHARDS, PHILLIP		1,2 N/						
STREET ADDRES		•			ADDRESS				
CITY-ST-ZIP	THONOTOSASSA FL 33592	DELET		TY-ST	· ZIP			Change	Addition
TITLE NAME		L) Detter	2.1 TI 2.2 NA					L.J. Change	L Addition
namt Streft addres	e				ADDRESS				
CHY-S1-Z#				1TY-\$1			2000		
TITLE		DELET					······································	[] Change	Addition
NAME			3.2 N	AME					
STHEET ADDRESS	s		3351	HEET A	ADDRESS				
CITY - ST - ZIP			3.4. C	ITY-SI	r-zip				
TOLE		DELET	E 4.1 TI	TLE				Change	Addition
NAME			4.2N	AME					
STREET ADDRES	s		4.3 ST	REET A	adoress	•			
Cily-S1-ZIP				TY-ST	-ZIP	·			
TITLE		☐ DELET			,			Change	☐ Addition
NAME			5.2 N/						
STREET ADDRES	s		5.3 ST	REET A	ADDRESS				
CITY-ST-7IP				TY-ST	- ZIP			7 -1 :	
TITLE]	DELET	E 6.1 TI	TLE	J			[] Change	Addition
NAME			6.2 N/	ME					
SUREET ADDRESS	s		6.3 \$1	REET	ADDRESS				
CITY ST ZIP			6.4 CI	TY - ST	- 7IP				

14. I do hereby certify that the information supplied with this filling 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.

april 18,1997 986-8867