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 # 1. Corporation Name P97000005127 (0)

BODDEN & COMPANY, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|------------------------|
| 677 MASON AVE | 677 MASON AVE |
| DAYTONA BEACH FL 32114 | DAYTONA BEACH FL 32114 |

FILED Jan 22 1998 8:00am Secretary of State



| 677 MASON DAYTONA BE | AVE EACH FL 3211 | 4 | | | IASON Ona Be | AVE EACH FL 321 | 14 | | | | 3. | | ncorpora 3/1997 | ted o | | | N THIS S | SPACE | | | \neg |
|-------------------------|--|------------------------------------|--|-------------------------|---------------------|--|--|----------------------|------------------|---------------|--------|---------------|-----------------------|----------------|--------------------|--------------|----------------------------|-----------|-------------|---------------------|---------|
| 2. Principal P | | 2a. Mailing Address | | | | | | | 4. | FEI Nu | | | | | | | Ap | plied For | \dashv | | |
| 21 | | | | 26 | | | | | | | , | 59. | 34 | 23 | 6/1 | / | | | | t Applical | ole |
| Sulte, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | | | | ate of S | | | | | | _ | dditional quired | |
| City & State | | | | City & State | | | | | | | | | n Camp und Cor | _ | | | | | | May Be o Fees | |
| Zip 24 | | Country 25 | | Zip 29 | | | Cou 30 | ntry | 1 | | | | orporatio al Prope | | | • | the curi | ent yea | _ | angible No | |
| | g, Name | and Address | of Current R | egistere | d Agen | it | | | | | 10. | Name | and Ad | dress | of Nev | v Regi | stered / | Agent | | | \Box |
| 677 | ODDEN, RIC 7 MASON A XYTONA BE | | 14 | | | | | 81 82 83 | *B Stre | et Addres | s (P. | .O. Box | Numbe | A A i | DO Acce | eptable | | 85 | Zip (| ode. | |
| l office or r | regi st ered ag am fam iliar wi | jent, or both, i ith, and accep | ns 607.0502 at the State of left the obligation | Torida. S ns of, Sec | Such ch ction 60 | iange was a 07.05 05, Fid | es, the ab nulhorized orida Stat | pove d by utes | e-nam / the c | ed corpor | n's bo | oard ol | director | tatemers. I he | ent for ereby a | the puricept | FL rpose of the appo | chang | ing its | register | ad i |
| 12. | Signature, typeo | | ICERS AND D | | | (NON) | 13. | Aye | ari: signa | cure required | | | | ANGE | e to c | EEIOE | RS AND | UDEC | TOP | Q IM 12 | -1 |
| TITLE | PResi | | ICENS AND D | ITLOTO | | DELETÉ | 1.1 111 | î F | | 1 | ^ | אוועטא | JNOJUM | HINGE | <u> </u> | PETICE | NO AND | Cha | | Addit | 00 |
| | | | ~~~) | | | | 1.2 NA | | | | | | | | | | | | | | · [|
| STREET ADDRESS | KICARI | 00 001 | | | | | | | ADDRES | 20 | | | | | | | | | | | |
| DIRECT ADDRESS | 677 17 | 74 35 10 1 | oped que hue cm Fl | * 2. | | | | | | " | | | | | | | | | | | |
| CITY-ST-ZIP TITLE | PAYTON | Up DYA | CN V-7 | 201 | // m | DELETE | 2.1 Til | | 11-211 | | | | | | | | ···· | ☐ Cha | nde | ☐ Addit | an l |
| NAME | | | | | | DELETT | 22 NA | | | | | | | | | | | | .,Bc | | ۱ " |
| STREET ADDRESS | | | | | | | | | ADDRES | ·c | | | | | | | | | | | |
| | | | | | | | | | | 25 | | | | | | | | | | | |
| CITY-ST-ZIP TITLE | | | | | П | DELETE | 2.4 CI 3.1 TIT | | 51-212 | | | | | | | | | Cha | nge | Addit | |
| NAME | | | | | | | 32 NA | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | ADDRES | ·c | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | 3.4. CI | | | ~ | | | | | | | | | | | |
| TITLE | | | | | П | DELETE | 4.1 TIT | | 51 * ZIF | | | | | | | | | Cha | nge | Addit | on |
| NAME | | | | | _ | | 4. 2 N | | | | | | | | | | | _ | • | | |
| STREET ADDRESS | | | | | | | | | ADDRES | is l | | | | | | | | | | | } |
| CITY-\$T-ZIP | | | | | | | 4.4 CIT | | | ~ | | | | | | | | | | | |
| TITLE | | | | | | DELETE | 5.1 311 | | 1-611 | | | · · · · · · · | | | | | | Cha | nge | Additi | on |
| NAME | | | | | _ | - | 5.2 NA | | | | | | | | | | | | • | | |
| STREET ADDRESS | | | | | | | | | ADDRES | :e | | | | | | | | | | | - |
| i | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP TITLE | | ···· | | | П | DELETE | 5.4 CIT 6.1 TIT | | 1-214 | _ | | | | | | | | Cha | лое | Additi | on I |
| | | | | | | DECEM | | | | Ī | | | | | | | | 5/10 | | | |
| NAME CYPET ADDRESS | | | | | | | 6.2 NA | | 4000E0 | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | ADDRES | 13 | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | 6.4 CIT | Y-S1 | T - 7JP | ı | | | | | | | | | | | - 1 |

14. I 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 logal 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.

112 120