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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000008684 1. Corporation Name

BORED?, INC.

Mailing Address Principal Place of Business 4910 N. TAMIAMI TRAIL 4910 N. TAMIAMI TRAIL SUITE 106 SUITE 106 DO NOT WRITE IN THIS SPACE NAPLES FL 34103 NAPLES FL 34103 3. Date Ir corporated or Qualifed 01/29/1997 App ied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0722068 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip 8. This corporation owes the current year intangible Zip Country X Yes []No 29 30 Personal Property Tax. 25 24 10. Name and Address of New Registere 1 Agent 9. Name and Address of Current Registered Agent 81 STANLEY, JOHN A JR Street Address (P.O. Box Number is Not Acceptable) 4910 N. TAMIAMI TRAIL SUITE 106 83 NAPLES FL 34103 84 City Zip Code 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. SIGNATUR E Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition DELETE 11 TITLE TITLE STANLEY, JOHN A JR 12 NAME NAME 2545 70TH STREET SW 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33105 CITY-ST-ZIP 1.4 CITY-ST-ZIP Maddition □ DELETE ☐ Change 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE TITLE 31 TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition

CITY-ST-ZIP 14. I 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 a nual 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 attachr tent with an address, with all other like empowered.

41 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIF

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRES

STREET ADDRES

STREET ADDRES

CITY-ST-ZIP

CITY-ST-ZIP

ING OFFICER OR DIRECTOR SIGNATULE AND TYPED OR PHI

☐ DELETE

DELETE

DELETE

[] Addition

☐ Addition

☐ Change

☐ Change

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