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

PROFIT
CORPORATION
ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP

STREET, ADDRESS City - St - Zip

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B: Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047825 (9)

**BOARD CONSTRUCTION CO., INC.** 

| Principal Place of<br>301 DUOUE RD<br>LUTZ FL 33549 | 301 DUQU  | Mailing Address  301 DUQUE RD LUTZ FL 33549             |  |                                   |  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified |  |
|---|---|---|--|-----------------------------------|--|---|--|
| _   |   |   |  |                                   |  |   | 05/30/1997   |
| 2. Principal Place                                  | of Business   | - <del></del>   | 2a. Mailing Address                                      |                                   |  |   | 4. FEI Number Applied For Not Applied For Not Applied For  |
| Sulte, Apt. #, etc.                                 |   | 26  | Suite, Apt. #, etc.                                      |                                   |  |   | 59-3937737   Not Applicable  |
| 22 Soile, Apr. #, e                                 | IC.   | <b>├</b> ─┐   | 27   |                                   |  |   | 5. Certificate of Status Desired Fee Required  |
| City & State  |   |   | City & State   |                                   |  |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |
| Zip   | Country   | Zιp   |  | Cou                               | ntry   | •   | 8. This corporation owes or has paid the current year Intangible   |
| 24  | 25  | 29  |  | [30]                              |  |   | Personal Property Tax due June 30. Yes No  |
| g. Name and Address of Current Registered Agent     |   |   |  |                                   | B1   | Name  | 10. Name and Address of New Neglistered Agent  |
| BOARD, DEBBIE L<br>301 DUQUE RD                     |   |   |  |                                   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                       |  |
|   |   |   |  | 82                                | 2 Street Address (P.O. Box Number is Not Acceptable) |   |  |
| LUTZ F  |   |   |  | 83                                | <del></del>  |   |  |
|   |   |   |  |                                   | 84   | City  | 85 Zip Code  |
|   |   |   |  |                                   | ,  |   | FL   S   Zip Code  |
| office or regis<br>agent. I am f<br>SIGNATURE       | e provisions of Sections 607.05<br>lared agent, or both, in the Stal<br>miliar with, and accept in soblig<br>the control of the control | e of Florida. Such<br>ganins of, Section<br>De <b>B</b> | n change was<br>n 607.05 <b>0</b> 5, Fi<br>B <i>IE</i> L | authorized<br>Iorida Stat<br>BOAA | d by<br>utes   | the corpora<br>s.<br>— P                                      | poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered  ### ################################ |
| 12.   | OFFICERS AF   | ND DIRECTORS  |  | 13.                               |  |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | NT SECTION  |   | DFLETE   | 1.1 (0                            |  | 1   | Change Addition  |
| NAME D  | bbiel. BOARD<br>DI DUQUE KD.  |   |  | 1.2 N                             |  |   |  |
| STREET ADDRESS                                      | DI DAMA KOL   | }   |  |                                   |  | ADDRESS   |  |
| CITY-ST-ZIP   |   |   |  |                                   | 1.4 CITY - ST - ZIP<br>2.1 TITLE                     |   | Change Addition  |
| TITLE   |   |   | secent   | 2.1 N                             |  |   |  |
| NAME<br>STREET ADDRESS                              |   |   |  |                                   |  | ADDRESS   |  |
| CITY-ST-ZIP   |   |   |  |                                   |  | ST-ZIP  |  |
| TITLE   |   |   |  | 3.1 Ti                            |  |   | Change Addition  |
| NAME  |   |   |  | 3.2 N/                            | AME  |   |  |
| STREET ADDRESS                                      |   |   |  | 3.3 51                            | TAEET  | ADDRESS   |  |
| CITY-ST-ZIP   |   |   |  | 3 4. C                            | ITY-   | ST-ZIP  |  |
| TITLE   |   |   | DELETE   | 4.1 10                            | TLE  |   | Change Addition  |
| 1   |   |   |  | 4.54                              |  | ı   |  |

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 legal effect as if made under oath; that I am an officer or director of the congration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

4 3 STREET ADDRESS

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4-14-98 8

812-949-5287

Change

Addition

Addition

**FILED** 

May 11 1998 8:00am

Secretary of State