FILED

Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90005 050 ***558.75

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

P97000056512

BOR-RITE, INC.

1. Corporation Name

DOCUMENT #

•	ce of Business	Mailing Address								1181 1991
	MOUND BLVD.		3071 SHELL MOUND BLVD. FT. MYERS BEACH FL 33931						•	
FI. MIEHS E	BEACH FL 33931	FI. MYERS BEA	CH FL 33931			DO NOT WRITE	INI THIS	CDACE		
						3. Date Incorporated or Qualified	. 114 11113	SFACE		
						06/25/1997				
2. Principal I	2a. Mailing Addr	ess			4. FEI Number			Applied	For	
21		26	* ~	, .		65-0761389		~ ^- [Not App	
Suite, Apt	. #, etc.	Suite, Apt. #,	etc.					\$8.7	5 Additio	
22		27				5. Certificate of Status Desired			Require	
City & Sta	ate	City & State				6. Election Campaign Financing		\$5.	00 May	Be
23		28				Trust Fund Contribution		Add	ed to Fee	s
⊢ Žip	Country	Zip	⊢ −¬	Country		8. This corporation owes the current	it year	7	-	
24	25	29	30			Intangible Personal Property.	<u>L</u>	Yes	No	
	9. Name and Address of Curr	ent Registered Agent		- 04		10. Name and Address of New Re	gistered A	gent		
HE	EAD, R. A			81	Name				•	
	71 SHELL MOUND BLVD.			82	Street Ac	Idress (P.O. Box Number is Not Acceptable	e)			
	. MYERS BEACH FL 33931			100						
• •				83						
				84	City		·	85 2	ip Code	
				ئىلىــ			<u>FL</u>			
office or	it to the provisions of sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florid ate of Florida. Such chan	a Statutes, the ce was authori	above-r	named con the corpora	poration submits this statement for the purp ation's board of directors. I hereby accept t	ose of cha	anging it Iment a	s registere s registere	ed l
agent. I	am familiar with, and accept the obl	igations of, section 607.0	0505, Florida S	Statutes.						
SIGNATURE		1 100 15 10								_
	Signature, typed or printed name of registered a									
12	OFFICERS (ent signature r	equired when reinstating)	DATE	DIREC	TODE IN	112
12.		AND DIRECTORS	1	13.	ent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICE				
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6.4 CITY-ST-ZIP

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 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.

SIGNATURE: P

CITY-ST-ZIP

941-463-5603