NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. 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

P97000075317

BOARD KING, INC.

DOCUMENT #

7910 HAMMOND BOULEVARD JACKSONVILLE FL 32220

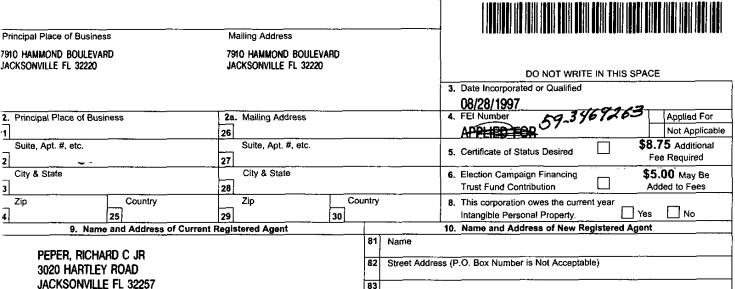
Suite, Apt. #, etc.

City & State

Zip

## FILED Jul 08, 1999 8:00 am **Secretary of State**

07-08-1999 90005 018 \*\*\*150.00



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.

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City

_	• • •			
IGNATURE .	Signature, typed or printed name of registered agent and title if applicable.		Registered Agent eignatur	re required when reinstating) DATE
2.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLE ;	DP	DELETE	1.1 TITLE	Change Addition
ME	LONGMAN, WALTER JR	,	1.2 NAME	_
REET ADDRESS	7910 HAMMOND BOULEVARD		1.3 STREET ADDRESS	
TY-ST-ZIP	JACKSONVILLE FL 32220		1.4 CITY-ST-ZIP	
TLE	DST	DELETE	2.1 TITLE	Change Addition
ME	LONGMAN, SHIRLEY		2.2 NAME	_ •
REET ADDRESS	7910 HAMMOND BOULEVARD		2.3 STREET ADDRESS	
TY-ST-ZIP	JACKSONVILLE FL-32220		2.4 CITY-ST-ZIP	
TLE .		DELETE	3.1 TITLE	Change Addition
ME			3.2 NAME	
REET ADDRESS			3.3 STREET ADDRESS	
TY-ST-ZIP			3.4 CITY-ST-ZIP	
TLE		DELETE	4.1 TITLE	Change Addition
ME	•		4.2 NAME	
REET ADDRESS			4.3 STREET ADDRESS	
TY-ST-ZIP			4.4 CITY-ST-ZIP	
TE T		DELETE	5.1 TITLE	Change Addition
WE			5.2 NAME	
REET ADDRESS			5.3 STREET ADDRESS	
ry-st-zip			5.4 CITY-ST-ZIP	<u> </u>
ſLE		DELETE	6.1 TITLE	Change Addition
ME )		_	6.2 NAME	
REET ADDRESS			6.3 STREET ADDRESS	
TY-ST-ZIP			6.4 CITY-ST-ZIP	
I to a section of	er a contract to the contract of the contract	Land Control of the same		and a 440 07/21/3) Florida Statuton I further portify that the information

indicated on this annual report or supplemental arnual 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 feceiver 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.

**3IGNATURE** 

Zip Code

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