

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000087018

1. Entity Name
BOYER CONSTRUCTION CO. INC.



Principal Place of Business
4290 GOLF COURSE RD
PERRY, FL 32348 US

Mailing Address
PO BOX 1473
PERRY, FL 32348 US

FILED
Aug 13, 2008 08:00 AM
Secretary of State



07162008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3471777

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LANIER, CHARLOTTE M
3870 US HWY 19 S
PERRY, FL 32347

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

000000957629
08/13/08-80002-026 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice..)

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOYER, SAM WILLIAM
STREET ADDRESS	PO BOX 1473
CITY-ST-ZIP	PERRY, FL 32348
TITLE	S
NAME	LANIER, CHARLOTTE M
STREET ADDRESS	114 KING FISHER RD
CITY-ST-ZIP	PERRY, FL 32348
TITLE	T
NAME	MCCALL, JANET
STREET ADDRESS	PO BOX 1473
CITY-ST-ZIP	PERRY, FL 32348
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-15-08 850 584-9324