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PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT DE STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000064113

BOSWELL BUILDERS & SONS, INC.

Principal Place of Business	Mailing Address	
P.O. BOX 756 Shalimar Fl. 32579	P.O. BOX 756 Shalimar Fl 32579	

FILED Mar 16, 1999 8:00 am **Secretary of State**

03-16-1999 90081 048 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/20/1998 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business 4 1/180 Not Applicable 26 21 Suite, Apt #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □ No Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PLEAT, DAVID B Street Address (P.O. Box Number is Not Acceptable) 4477 LEGENDARY DRIVE, SUITE 202 DESTIN FL 32541 83 85 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 boyl, 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 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. OFFICERS AND DIRECTORS DELETE : 1 TITLE TITLE BOSWELL, JOHNNY 12 NAME NAME P.O. BOX 756 N/A 13 STREET ADDRESS STREET ADDRESS SHALIMAR FL 32579 14 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITLE **BOSWELL, NATHAN JOHN** 2.2 NAME P.O. BOX 756 N/A 2.3 STREET ADDRESS STREET ADDRESS SHALIMAR FL 32579 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition (DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ... DELETE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE 51 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZiP CITY-ST-ZIP DELETE 6: TITLE ☐ Change Addition TITLE 62 NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY, ST, 7IP CITY-ST-7IP

14. I hereby certify that the information supplied with this filing does not quality 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, in attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTER

CR2E034 (11/98)