Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90096 037 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000097725

1. Corporation Name

JOHN W	BOLEY CONSTRUCTION,	INC.					
Dringing! Diego	of Business	iness  2a. Mailing Address 2b. Suite, Apt. #, etc. 27  City & State					
3897 KARISSA ANN PLACE EAST 3897 KARISSA ANN PLACE EA				AST		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	CE
						11/16/1998	
2. Principal Pl	ace of Business	2a	. Mailing Address			4. FEI Number	Applied For
21		26				59-354/228	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			LE Cartifanto of Status Decired	.75 Additional
22		27					ee Required
City & State	е	28	City & State				5.00 May Be added to Fees
Zip	Country		Zip	Country	y	8. This corporation owes the current year Intangible	
24	25	29	30	<u> </u>		Personal Property Tax.	
	9. Name and Address of Curren	nt Regis	stered Agent			10. Name and Address of New Registered Agent	<u> </u>
ROLL	EV IOHN W			81	Name		
BOLEY, JOHN W 3897 KARISSA ANN PLACE, E.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
JACI	KSONVILLE FL 32223			83	3		
				84	City	FL 85	Zip Code
office or re agent. I an	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	of Flori itions of	da. Such change was auth f, Section 607.0505, Florida	orized by a Statute	/ the corporatio	oration submits this statement for the purpose of chang in's board of directors. I hereby accept the appointment dispersion of the purpose of changes in the purpose of change	l as registered
office or re agent. I an	egistered agent, or both, in the State m familiar with, and accept the obliga	of Flori	da. Such change was auth f, Section 607.0505, Florida if applicable. (NOTE: Re ECTORS	orized by a Statute	y the corporations.	oration submits this statement for the purpose of changin's board of directors. I hereby accept the appointment of the directors of the appointment of the directors of the appointment of the directors of the purpose of changing of the purpose of the purpose of changing of the purpose of the	RECTORS IN 12
office or re agent. I ai SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered agen OFFICERS AND	of Flori	da. Such change was auth- f, Section 607.0505, Florida if applicable. (NOTE: Re	orized by a Statute	y the corporations.	oration submits this statement for the purpose of changin's board of directors. I hereby accept the appointment of the directors of the appointment of the directors of the appointment of the directors of the purpose of changing of the purpose of the purpose of changing of the purpose of the	l as registered
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office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State in familiar with, and accept the obligation of the obligation o	of Flori itions of mt and title	da. Such change was auth f, Section 607.0505, Florida if applicable. (NOTE: Re ECTORS	gistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-:	y the corporations.  S. ant signature required  ET ADDRESS  ST-ZIP	oration submits this statement for the purpose of changer's board of directors. I hereby accept the appointment of when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIR	RECTORS IN 12
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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 or an attachment with an address, with all other like empowered.

☐ DELETE

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

Addition