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 #

Boulder-Ridge Corporation

Principal Place of Business

shila pl 985

Mailing Address

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90029 045 ***150.00

Sarasota, FL Sarasota, FL 34278						DO NOT WRITE IN THIS SPACE					
Sarasota, FL Sarasota, FL					_	3. Date Incorpo	3 Date Incorporated or Qualifed 4 4				
	34240		276	-10				1/90			
├ - -¬	face of Business	2a. Mailing Address				4. FEI Number	14751		\rightarrow	pplied For	
21		26				65-0	214701			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of	Status Desired]	* -	Additional lequired	
City & Stat	e	City & State			1	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Zíp	Country				tion owes the current	vear Intan		10 1 000		
Zip Country Zip 24 25 29 36						Personal Property Tax.					
	9. Name and Address of Curre	nt Registered Agent				10. Name and A	ddress of New Regi	istered Ag	ent		
	 -			81 1	Name	Michael F	F. Carlo	_			
				82 5		idress (P.O. Box Numi		<u>, </u>	_		
					Olicet A	785 54.15	RI	,			
				83							
			ĺ	84 (City (;	85 Zip	Code	
					Cità 9	arecora		FLi	°° \$4	Code 240	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the al	bove-n	amed co	rporation submits this	statement for the pur	pose of ch	anging its	s registered	
office or r	egistered agent, or both, in the State m familiar with, and accept the big	ations of, Section 607.0505, Flor	utnonzed ida Stati	i by the utes.	e corpor	_	rs. i nereby accept in	e appoinin t. <i>I</i>	ient as it	egistered	
SIGNATURE	w 27 Ph	Michael	F		arlo	Pres.	3/	17/99	7		
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered	Agent sig	gnature req	uired when reinstating)		DATE			
12.		ND DIRECTORS	13.			ADDITIONS/C	HANGES TO OFFICE				
TITLE	Pres.	☐ DELETE	1.1 TIT	ΠE				L] Change	☐ Addition	
NAME	Michael F- Carlo		1.2 NA		Ì						
STREET ADDRESS	985 SHILD RD SARASTA, FL 34		1.3 ST	REET AD	DRESS						
CITY-ST-ZIP	SARASTA, FL 34		_	TY-ST-ZI	IP					CT 4 1497	
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NAME			3.2 NA	ME							
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STREET ADDRESS			•	REET ADI							
CITY-ST-ZIP			6.4 CIT	ry-st-zii	<u> </u>						

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, with all other like empowered.