

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 23 PM 2:22

DOCUMENT # S11065 (7)

1. Corporation Name

BOYNTON III, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

4400 BAYOU BLVD
STE 44
PENSACOLA FL 32503

PO BOX 7557
STE 44
PENSACOLA FL 32534
US

3. Date Incorporated or Qualified
11/02/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 9. Name and Address of Current Registered Agent

29 30

4. FEI Number
59-3111665

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

CAIAZZO, DONNA
4400 BAYOU BLVD
SUITE 44
PENSACOLA FL 32503

81 Name KATHLEEN H. COLE, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
83 INDEPENDENT DRIVE, SUITE 2301
84 JACKSONVILLE FL 85 Zip Code 32202

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 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.

SIGNATURE Karen H. Cole

(NOTE: Registered Agent signature required when reinstating)

DATE 10/21/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME BOYNTON, THERESA B.
STREET ADDRESS 4400 BAYOU BLVD SUITE #44
CITY-ST-ZIP PENSACOLA FL 32503

TITLE D
NAME CAIAZZO, DONNA
STREET ADDRESS 4400 BAYOU BLVD SUITE #44
CITY-ST-ZIP PENSACOLA FL 32503

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 person authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 of this report.

SIGNATURE:

[Signature]
NAME OF S. *[Name]*

8/22/96 (615) 288-1044
111 Define Phone #

CR2E034 (3/96)