

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S38794

(1)

1. Corporation Name

BAD BOYZ ENTERPRISES, INC.



Principal Place of Business

11120 SOUTHEAST FEDERAL HIGHWAY
HOBE SOUND FL 33455

Mailing Address

11120 SOUTHEAST FEDERAL HIGHWAY
HOBE SOUND FL 33455

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

P.O. Box 1346

27

Suite, Apt. #, etc.

28

City & State
Hobe Sound, FL

29

Zip

33475

30

Country
Nartin

3. Date Incorporated or Qualified

03/15/1991

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0254755

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

9. Name and Address of Current Registered Agent

INGRAM, WILLIAM T. SR.
11120 SOUTHEAST FEDERAL HIGHWAY
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81. Name

William T. Ingram, Jr

82. Street Address (P.O. Box Number is Not Acceptable)

11130 SE Federal Hwy

83. City

Hobe Sound

FL

85. Zip Code
33455

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

William T. Ingram, Jr

(Print: Registered Agent Signature and Address of Agent)

2-14-96

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

DEGGELLER, GREGORY

STREET ADDRESS

1002 SW POPLAR CT

CITY - ST - ZIP

PALM CITY FL

TITLE

ST

☐ DELETE

NAME

DEGGELLER, JEFFREY

STREET ADDRESS

46 SW RIVERWAY BLVD

CITY - ST - ZIP

PALM CITY FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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.

SIGNATURE:

Jeffrey Deggeller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Deggeller

DATE:

4/26/96

407.286-1880

CR2E034 (12/95)