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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$73708 1. Corporation Name

BOLDING & COMPANY, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90010 028 ***150.00



| | | | | | • | • | | | | | | |
|---|---------------------------------|----------------------|------------|-----------------------|--------------|--------------------------------|---------------|---|---|--------------------------------|---------------------------------|--------------------|
| Principal Place | of Business | | Mail | ing Address | | | | | T TRANSMIN IN SAMEN RISE FROM | | | |
| 649 CENTURY CT. 649 CENTURY CT. | | | | | | | | | | | | |
| MARCO ISLAND FL 33937 | | | | MARCO ISLAND FL 33937 | | | | ĺ | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | | Ì | 3. Date Incorporated or Qualit | ed | | |
| | | | | | | | | | 08/14/1991 | | | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | 4. FEI Number | | <u> </u> | pplied For |
| 21 212 Harbor Place | | | | 26 P.O. Box 116 | | | | | <u>54-1596106</u> | | | ot Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | ĺ | 5. Certifcate of Status Desired | | | Additional equired |
| 22 | | | | City & State | | | | | 0 51 - 11 - 0 | | | May Be |
| City & State Goodland, Florida | | | | Goodland, Florida | | | | | 6. Election Campaign Financia Trust Fund Contribution | ig 🗆 | | to Fees |
| Zip Country | | | | Zip Country | | | | | 8. This corporation owes the o | urrent vear In | tangible | |
| 24 34140 | | U.S.A. | 29 | 34140 | 30 | u. | S.A. | | Personal Property Tax. | | Yes | □No |
| 24 57170 | | Address of Curre | | | 1001 | Ť | | | 10. Name and Address of Ne | w Registered | Agent | |
| | | 7.44.77.7 | <u>g</u> | | | 81 | Name | D | Poldina | | | 1 |
| BOLD | | 82 Street Add | | | | ss (P.O. Box Number is Not Acc | eptable) | | | | | |
| 649 CENTURY CT. | | | | • | | | 212 | et Address (P.O. Box Number is Not Acceptable) 2 Harbor Place | | | | |
| MARCO ISLAND FL 33937 | | | | | | 83 | | | | | | |
| | • | | | | | 84 | City | | | | 85 Zip | Code 140 |
| | | | | | | | Good | | | <u>Fl</u> | | |
| office or re | anistered agent . | or both in the State | of Florida | i. Such change was | autnorize | a bv | the cord | l corpor oration | ration submits this statement for i's board of directors. I hereby a | ne purpose of cept the appo | i changing its intment as re | egistered |
| agent. I ar | m fam ili ar with, a | nd accept the oblig | ations of, | Section 607.0505, F | Iorida Sta | tutes | i. | | | | | - |
| SIGNATURE | / July | | rede | | | | | | hebr | uary 16 | <u>, 1999</u> | |
| Standaure, typed or printed name of registered agent and title if applicable. (NOTE: Re | | | | | | | nt signature | reduited A | ADDITIONS/CHANGES TO | OFFICERS A | ND DIRECTO | ORS IN 12 |
| 12. | P | OFFICERS A | NO DINCO | X DELETE | 13. 1.1 T | | | Pre | sident, Sec./Trea | | X Change | ☐ Addition |
| NAME | BOLDING, III | 4 | | •• | | IAME | | | ra B. Bolding | | | } |
| STREET ADDRESS | 649 CENTUR | • | | | | | T ADDRESS | | Harbor Place | | | 1 |
| | MARCO ISLA | | | | - 1 | ITY-S | | | dland, FL 34140 | | | 1 |
| CITY-ST-ZIP | WARCO IOLA | NO FL | | ☐ DELETE | 2.17 | | 11-211 | 000 | 010110, 12 01110 | | ☐ Change | ☐ Addition |
| NAME | | | | _ | 2.21 | IAME | | | | | | ļ |
| STREET ADDRESS | | • | | | | | T ADDRESS | | | | | Į |
| | | | | | - I | | ST-ZIP | | | | | |
| CITY-ST-ZIP | <u> </u> | | | ☐ DELETE | | | J1-E11 | | | | Change | ☐ Addition |
| NAME | | | | - | • | AME | | } | | | | - |
| STREET ADDRESS | | | | | 3.3 9 | TREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | | ST-ZIP | | | | | |
| TITLE | | | | ☐ DELETE | | TTLE | | 1 | | | Change | Addition |
| NAME | | | | | 4. 2 | NAME | | | | | | j |
| STREET ADDRESS | | • | | | 4.3 9 | TREE | T ADDRESS | | | | | 1 |
| CITY-ST-ZIP | | | | | 4.40 | CiTY-S | ST-ZiP | Ì | | | | |
| TITLE | - : | | | ☐ DELETE | | TLE | ,, <u>_</u> , | 1 | | | ☐ Change | Addition |
| NAME . | | | | | 5.21 | AME | | | | | | ļ |
| STREET ADDRESS | | | | | 5.3 | STREE | TADDRESS | ;] | | | • | Ì |
| CITY-ST-ZIP | | | | | 5.4 | CITY-S | it-ziP | 1 | | | | |
| TITLE | <u> </u> | | | ☐ DELETE | 6.1 | MLE | | ऻ | | | Change | ☐ Addition |
| NAME | ļ | | | | 6.21 | MAME | | | | | | İ |
| STREET ADDRESS | | | | | 6.3 | STREE | TADORESS | : | | | | . |
| CITY-ST-ZIP | ļ | | | | 6.44 | S-YTK | ST-ZIP | | | | | |
| -111 47 441 | i . | | | | | | | | | | | |

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SFICER OR DIRECTOR

February 16, 1999

(941) 642-3338

Daytime Phone #