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May 03, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V52845

1. Corporation Name

BOYNE USA - SOUTH, INC.

Principal Place of Business

18100 ROYAL TREE PKWY
NAPLES FL 34113
US

Mailing Address

18100 ROYAL TREE PKWY
NAPLES FL 34113
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1992

4. FEI Number

65-0347014

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ERICKSON, WILLIAM C
500-FIFTH AVENUE S.
#524
NAPLES FL 34102

NEW ADDRESS ONLY

10. Name and Address of New Registered Agent

81 Name

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

83 1250 Tamiami Trail North #302

84 City NAPLES

85 Zip Code FL 34102

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KIRCHER, STEPHEN
STREET ADDRESS BOYNE MOUNTAIN LODGE
CITY-ST-ZIP BOYNE FALLS MI 49713

TITLE VP
NAME PRANGE-KIRCHER, AMY
STREET ADDRESS 232 MONTEREY DRIVE
CITY-ST-ZIP NAPLES FL 34119

TITLE S
NAME DEMBECK, EDWARD
STREET ADDRESS 785 GRULER ROAD
CITY-ST-ZIP PETOSKEY MI 49770

TITLE T
NAME TEBO, ARTHUR
STREET ADDRESS BOYNE MOUNTAIN LODGE
CITY-ST-ZIP BOYNE FALLS MI 49713

TITLE D
NAME KIRCHER, EVERETT
STREET ADDRESS P.O. BOX 32 N/A
CITY-ST-ZIP BOYNE FALLS MI 49713

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)