

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101633

Entity Name: BOY, MILLER, KISKER & PERRY, P.A.

Current Principal Place of Business:

401 S. W.C. OWEN AVE.
CLEWISTON, FL 33440

Current Mailing Address:

401 S. W.C. OWEN AVE.
CLEWISTON, FL 33440

FEI Number: 65-0966409

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOY, JR, JOHN B
401 S. W.C. OWEN AVE.
CLEWISTON, FL 33440 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN B. BOY, JR.

01/11/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|--------------------------|-----------------|------------------|
| Title | DT | Title | DP |
| Name | BOY, JOHN BJR | Name | MILLER, DAVID N |
| Address | 401 S. W.C. OWEN AVE. | Address | P.O. BOX 1149 |
| City-State-Zip: | CLEWISTON FL 33440 | City-State-Zip: | LABELLE FL 33975 |
| | | | |
| Title | DS | | |
| Name | KISKER, WILLIAM CJR | | |
| Address | 2754 LIVINGSTON LANE | | |
| City-State-Zip: | WEST PALM BEACH FL 33411 | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID N. MILLER

PRESIDENT

01/11/2014

Electronic Signature of Signing Officer/Director Detail

Date