

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **673632** (6)

1. Corporation Name
JOHN BOOTON, INC.

Principal Place of Business Mailing Address
3724 DR MARTIN LUTHER KING BLVD FT. MYERS FL 33916 **3724 DR MARTIN LUTHER KING BLVD FT. MYERS FL 33916**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/16/1980** 3a. Date of Last Report **05/24/1994**

2. Principal Place of Business 2a. Mailing Address
21. **3515 Edison Ave**
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
23. City & State **FT MYERS FL**
24. Zip **33916** 25. Country 29. Zip **Lee** 30. Country

4. FEI Number **59-2000071** 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FOCHT, RONALD
3724 DR MAR LUTHER KING BLD
FT. MYERS FL 33916
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT FOCHT, RONALD D. 3724 DR MAR LUT KING BLD FT. MYERS FL	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPS FOCHT, DEBORAH L. 3724 DR MAR LUT KIND BLD FT MYERS FL	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 addition.

SIGNATURE: *Deborah L. Focht* **DEBORAH L. FOCHT** *4/21/95* **813334-3990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR