

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED AND FILED
MAY 1 1995
5:30

DOCUMENT # 746228 (6)

1. Corporation Name
BOCA GRANDE SHORES, INC.

900001490789
-05/17/95--01054--001
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
500 GULF BLVD. 500 GULF BLVD.
P.O. BOX 1547 P.O. BOX 1547
BOCA GRANDE FL 33921 BOCA GRANDE FL 33921

3. Date Incorporated or Qualified 03/13/1979 3a. Date of Last Report 05/20/1994
4. FEI Number 26-1025297 Applied For
NOT APPLICABLE Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ELIASON, JAMES D.-
505 HAVERHILL LANE
SAFETY HARBOR FL 34895**

10. Name and Address of New Registered Agent
81 Name **SPURGEON, MARK A**
82 Street Address (P.O. Box Number is Not Acceptable) **430 WEST 4TH ST.**
83
84 City **W. PALM BCH FL** 85 Zip Code **33921**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE Mark A Spurgeon
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ALLEN, RALPH
STREET ADDRESS	1401 S. FLORIDA AVE
CITY - ST - ZIP	LAKELAND FL
TITLE	VD
NAME	MCKEEL, F. GRAHAM
STREET ADDRESS	ONE TPA CITY CTR. #3500
CITY - ST - ZIP	TAMPA FL
TITLE	STD
NAME	ELIASON, JAMES D.
STREET ADDRESS	505 HAVERHILL LANE
CITY - ST - ZIP	SAFETY HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James D. Elason by PO 5/1/95
Signature and typed or printed name of signing officer or director DATE