

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G12813**

(3)

1. Corporation Name

BOONE & DAVIS, P.A.



Principal Place of Business

**2311 N. ANDREWS AVE.
WILTON MANORS FL 33311**

Mailing Address

**2311 N. ANDREWS AVE.
WILTON MANORS FL 33311**

2. Principal Place of Business

21 Sube. Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Sube. Apt. #, etc.

27 City & State

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BOONE, DAVID WM.
2311 N. ANDREWS AVE.
WILTON MANORS FL 33311**

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 607.01(2) and 607.15(8), Florida Statutes, the above named corporation, submits the 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 607.01(2), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report on behalf of the corporation.

Signature of the person who is authorized to sign this report on behalf of the corporation.

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

PD

**BOONE, DAVID WM.
2311 NORTH ANDREWS AVE.
WILTON MANORS FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

S

**DAVIS, MICHAEL S.
2311 NORTH ANDREWS AVE.
WILTON MANORS FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL S. DAVIS

4/11/96

305-566-9919