

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J18052** (7)

1. Corporation Name

BOOKER & COMPANY, INC.



Principal Place of Business

Mailing Address

124 S. MORGAN ST.
TAMPA FL 33602-5338

124 S. MORGAN ST.
TAMPA FL 33602-5338

3. Date Incorporated or Qualified

06/05/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2686157

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALMAND, JACK
124 S. MORGAN ST.
TAMPA FL 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE

1.1 TITLE **D/C** Change Addition

NAME **WALTER, JAMES W.**
STREET ADDRESS **4320 W. KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** DELETE

2.1 TITLE **D/S/T** Change Addition

NAME **WALTER, ROBERT A.**
STREET ADDRESS **4320 W. KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DP** DELETE

3.1 TITLE Change Addition

NAME **ALMAND, JACK**
STREET ADDRESS **124 S.MORGAN ST.**
CITY-ST-ZIP **TAMPA FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **AS** DELETE

4.1 TITLE Change Addition

NAME **BOWMAN, CARLA P.**
STREET ADDRESS **124 S. MORGAN STREET**
CITY-ST-ZIP **TAMPA FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: By: **BOOKER & COMPANY, INC.**
J. W. Almand, President

4/19/96

813/229-0931

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNER TO BE OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)