

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # J18052 (7)**  
 1. Corporation Name  
**BOOKER & COMPANY, INC.**



Principal Place of Business <b>124 S. MORGAN ST. TAMPA FL 33602-5338</b>	Mailing Address <b>124 S. MORGAN ST. TAMPA FL 33602-5338</b>
---	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>06/05/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2686157</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ALMAND, JACK 124 S. MORGAN ST. TAMPA FL 33602</b>	81. Name	10. Name and Address of New Registered Agent
	82. Street Address (P.O. Box Number is Not Acceptable)	
	83.	
	84. City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DC</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>DC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WALTER, JAMES W.</b>		1.2 NAME <b>SUTHERLAND, CHARLES M., JR.</b>	
STREET ADDRESS <b>4320 W. KENNEDY BLVD.</b>		1.3 STREET ADDRESS <b>7905 TROON CIRCLE</b>	
CITY - ST - ZIP <b>TAMPA FL</b>		1.4 CITY - ST - ZIP <b>AUSTELL, GA 30001</b>	
TITLE <b>DST</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WALTER, ROBERT A.</b>		2.2 NAME <b>HUGH R. POWELL, JR.</b>	
STREET ADDRESS <b>4320 W. KENNEDY BLVD.</b>		2.3 STREET ADDRESS <b>6487 PEACHTREE IND. BLVD., SUITE A</b>	
CITY - ST - ZIP <b>TAMPA FL</b>		2.4 CITY - ST - ZIP <b>DORAVILLE, GA 30360</b>	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALMAND, JACK</b>		3.2 NAME	
STREET ADDRESS <b>124 S.MORGAN ST.</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>TAMPA FL</b>		3.4 CITY - ST - ZIP	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOWMAN, CARLA P.</b>		4.2 NAME	
STREET ADDRESS <b>124 S. MORGAN STREET</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>TAMPA FL</b>		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>ALLEN BRYAN</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>7905 TROON CIRCLE</b>	
CITY - ST - ZIP		5.4 CITY - ST - ZIP <b>AUSTELL, GA 30001</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>JANICE M. SUTHERLAND</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>7905 TROON CIRCLE</b>	
CITY - ST - ZIP		6.4 CITY - ST - ZIP <b>AUSTELL, GA 30001</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J. Almand* **BOOKER & COMPANY, INC.**  
 J. Almand, President  
 4-30-97 Date 813/229-0931 Daytime Phone #

CR2E034 (9/96)