

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N06803** (3)

1. Corporation Name

BOLLES/ST. AUGUSTINE, INC.



Principal Place of Business

Mailing Address

1533 WILDWOOD DRIVE
ST. AUGUSTINE FL 32086

1533 WILDWOOD DRIVE
ST. AUGUSTINE FL 32086

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified
12/26/1984

3a. Date of Last Report
02/09/1995

4. FEI Number

59-2503766

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

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

DEMONTMOLLIN, HARRY M
7400 SAN JOSE BLVD
JACKSONVILLE FL 32217

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print name of agent and the name of corporation)

Signature of Registered Agent (Signatures required when the filing is a change)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	<input type="checkbox"/> DELETE
11.2 NAME	BOX
11.3 STREET ADDRESS	DEMONTMOLLIN, HARRY M
11.4 CITY, ST, ZIP	7400 SAN JOSE BLVD
11.5 TITLE	<input type="checkbox"/> DELETE
11.6 NAME	SD
11.7 STREET ADDRESS	<input type="checkbox"/> DELETE
11.8 CITY, ST, ZIP	SCOTT, FREDERICK H
11.9 TITLE	<input type="checkbox"/> DELETE
11.10 NAME	7400 SAN JOSE BLVD
11.11 STREET ADDRESS	<input type="checkbox"/> DELETE
11.12 CITY, ST, ZIP	JACKSONVILLE FL
11.13 TITLE	<input type="checkbox"/> DELETE
11.14 NAME	VPD
11.15 STREET ADDRESS	<input type="checkbox"/> DELETE
11.16 CITY, ST, ZIP	STOPYRA, EDWARD J
11.17 TITLE	<input type="checkbox"/> DELETE
11.18 NAME	7400 SAN JOSE BLVD
11.19 STREET ADDRESS	<input type="checkbox"/> DELETE
11.20 CITY, ST, ZIP	JACKSONVILLE FL
11.21 TITLE	<input type="checkbox"/> DELETE
11.22 NAME	XXDX
11.23 STREET ADDRESS	<input type="checkbox"/> DELETE
11.24 CITY, ST, ZIP	WILES, DOUGLAS E
11.25 TITLE	<input type="checkbox"/> DELETE
11.26 NAME	1533 WILDWOOD DR
11.27 STREET ADDRESS	<input type="checkbox"/> DELETE
11.28 CITY, ST, ZIP	ST AUGUSTINE FL
11.29 TITLE	<input type="checkbox"/> DELETE
11.30 NAME	XB
11.31 STREET ADDRESS	<input type="checkbox"/> DELETE
11.32 CITY, ST, ZIP	CANNY XEPX
11.33 TITLE	<input type="checkbox"/> DELETE
11.34 NAME	3800 S THIRDE ST
11.35 STREET ADDRESS	<input type="checkbox"/> DELETE
11.36 CITY, ST, ZIP	JACKSONVILLE FL
11.37 TITLE	<input type="checkbox"/> DELETE
11.38 NAME	DT
11.39 STREET ADDRESS	<input type="checkbox"/> DELETE
11.40 CITY, ST, ZIP	HARTLEY, RUTH M
	<input type="checkbox"/> DELETE
	7400 SAN JOSE BLVD
	<input type="checkbox"/> DELETE
	JACKSONVILLE FL

13.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	CDP
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	D
13.11 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.12 CITY, ST, ZIP	MR. F. WILLIAM BORG
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	7400 SAN JOSE BOULEVARD
13.15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.16 CITY, ST, ZIP	JACKSONVILLE, FL
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	
13.21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22 NAME	
13.23 STREET ADDRESS	
13.24 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 617, Florida Statutes; and that my name appears in Book 12 or Book 13, changes, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harry M Demontmollin

1/17/96

904-733-9292

CR2E037 (12/95)