

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P10105** (5)

1. Corporation Name
BOYD/SOBIERAY ASSOCIATES, INC.



Principal Place of Business: 6810 N. SHADELAND AVE. INDIANAPOLIS IN 46220 US
Mailing Address: 6810 N. SHADELAND AVE. INDIANAPOLIS IN 46220 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 05/15/1986
3a. Date of Last Report: 01/25/1995
4. FLL Number: 35-1323170
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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 the corporation

DATE (Required) Agent Signature (Required when not listed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOOVER, MOTE L	
STREET ADDRESS	12534 ANCHORAGE WAY	
CITY - ST - ZIP	FISHERS IN	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ALTEMEYER, DONALD B.	
STREET ADDRESS	5601 WASHINGTON BLVD.	
CITY - ST - ZIP	INDIANAPOLIS IN	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RADCLIFF, RICHARD D.	
STREET ADDRESS	38 TOMAHAWK TRAIL	
CITY - ST - ZIP	TRAFALGAR IN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FETZ, RICHARD A	
STREET ADDRESS	7652 PINESPRING WEST DR	
CITY - ST - ZIP	INDIANAPOLIS IN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOYD, ROBERT B	
STREET ADDRESS	6810 SHADELAND AVE	
CITY - ST - ZIP	INDIANAPOLIS IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	TD <input checked="" 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	
5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STOCKWELL, REX O
5.3 STREET ADDRESS	90 WILLIAMSBURG CT.
5.4 CITY - ST - ZIP	ZIONSVILLE, IN 46077

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: Robert B. Boyd, Asst. Treasurer *Robert B. Boyd* 02 April 96 (317)849-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year

CR2E034 (12/95)