

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:30

**DOCUMENT # P93000027242 (5)**

1. Corporation Name

**DAVID D. BONE, P.A.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**766 B HUDSON AVENUE SARASOTA FL 34236**

3. Date Incorporated or Quoted 3a. Date of Last Report  
**04/12/1993 02/08/1994**

2. Principal Place of Business 2a. Mailing Address  
**21 26**

4. FFI Number Applied For  
**65-0402099 Not Applicable**

22. City & State 27. City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. Zip 28. Zip

6. Director Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24. Country 25. Country 29. Country 30. Country

8. This corporation has liability for intangible tax under § 198.03, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BONE, DAVID D  
766 B HUDSON AVENUE  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent  
**81 Name  
82 Street Address (P.O. Box Number or Post-Office)  
83  
84 City FL 85 Zip Code**

11. Pursuant to the provisions of Sections 607 (b)(2) and 607 15(b), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered officer 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 05(b), Florida Statutes.

SIGNATURE: \_\_\_\_\_ Signature of current (or past) registered agent and FFI of corporation Signature of registered agent (signature must also be notarized)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BONE, DAVID D</b>
STREET ADDRESS	<b>766 B HUDSON AVENUE</b>
CITY ST ZIP	<b>SARASOTA FL 34236</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1)

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY ST ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY ST ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 law for Florida Limited Liability. 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. I carry on office or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attached form with an addition.

SIGNATURE: *David D Bone, P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR

11195 305 8766