

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 # **V02023 (2)**

1. Corporation Name
BOSSHARDT PROPERTY MANAGEMENT, INC.



Principal Place of Business: 1214 NW 8TH AVENUE, GAINESVILLE FL 32601 US
Mailing Address: 1214 NW 8TH AVENUE, GAINESVILLE FL 32601 US

2. Principal Place of Business: 21 1810 NW 6 ST, Suite, Apt. #, etc.: 22 SUITE A, City & State: 23 GAINESVILLE FL, Zip: 24 32609, Country: 25 USA
2a. Mailing Address: 26 1810 NW 6 ST, Suite, Apt. #, etc.: 27 SUITE A, City & State: 28 GAINESVILLE FL, Zip: 29 32609, Country: 30 USA

3. Date Incorporated or Qualified: 12/24/1991
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-3099689
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
**CARPENTER, RONALD A.
4127 NW 27TH LANE
SUITE B
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOSSHARDT, CAROL	
STREET ADDRESS	5542 NW 43RD STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MUNSELLE, WILLIAM	
STREET ADDRESS	1214 NW 8TH AVENUE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARPENTER, RONALD	
STREET ADDRESS	5808 NW 43RD ST	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MUNSELLE, WILLIAM	
23 STREET ADDRESS	1810 NW 6 ST	
24 CITY - ST - ZIP	GAINESVILLE FL 32609	
31 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MUNSELLE, WILLIAM	
33 STREET ADDRESS	1810 NW 6 ST	
34 CITY - ST - ZIP	GAINESVILLE FL 32609	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: William B. Munselle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 371-7118

CR2E034 (12/95)