

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 Created **04/12/1993** 3a. Date of Last Report **02/08/1994**

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

4. FFI Number **65-0402099** Applied For 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 present officer or registered agent and FFI, if applicable. Signature of registered agent, if different from officer.

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BONE, DAVID D
STREET ADDRESS	766 B HUDSON AVENUE
CITY, ST, ZIP	SARASOTA FL 34236
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 Companies. 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 as 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 OFFICER OR DIRECTOR

11195 305 8766