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**Mar 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 246886 (6)
1. Corporation Name
BUSHNELL SERVICE CORPORATION



Principal Place of Business Mailing Address
1914 BECHWAY ROAD SUITE M JACKSONVILLE FL 32207 US
1914 BECHWAY ROAD SUITE M JACKSONVILLE FL 32207-2358 US

3. Date Incorporated or Qualified **04/25/1961** 3a. Date of Last Report **02/26/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-0947845** Applied For Not Applicable
21 Suite, Apt. #, etc. **Suite 3 M** 27 Suite, Apt. #, etc. **Suite 3 M** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
22 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
23 Zip Country 29 Zip Country 30 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
**LINN, CHARLOTTE
1914 BEACHWAY ROAD
SUITE 3-L
JACKSONVILLE FL 32207**
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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD LINN, CHARLOTTE	12 NAME	
STREET ADDRESS	1914 BCHWY RD, STE 3-M	13 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	14 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP LOVE, MARY ELLEN	22 NAME	
STREET ADDRESS	1914 BCHWY SUITE M	23 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVT LOVE, MARY ELLEN	32 NAME	DVT RANTZ, Jacob F.
STREET ADDRESS	1914 BCHWY RD STE M	33 STREET ADDRESS	1914 Beachway Rd Suite 3 M
CITY - ST - ZIP	JACKSONVILLE FL	34 CITY - ST - ZIP	Jacksonville, FL 32207
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVS LINN, JAMES A.	42 NAME	
STREET ADDRESS	1914 BCHWY RD STE M	43 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP RANTZ, BARBARA	52 NAME	
STREET ADDRESS	1914 BCHWY RD STE M	53 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bushnell Service Corp Charlotte Linn 3/7/97 399-5707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)