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

PROFIT CORPORATION ANNUAL REPORT



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

1996

BOLING, DAVIS S 613 MAGNOLIA TAMPA FL 33606 11. Pursuant to the pro- or registered agent, familiar with, and ac SIGNATURE Signature by 12. ITHE ST BOLIN	Country 25 ne and Address of Currer	2 and 607.1508, Florida Statu ida. Such change was author	30	81 82 83 84	Name Street Addr	3. Date Incorporated or Qualified 10/01/1976 4. FEI Number 59-1690683 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes Yes 10. Name and Address of New Ress (P.O. Box Number is Not Acceptable)	3a. Date of Las 04/18/1 \$8. From \$5 Actintangible tax unde	Applied For Not Applicable 75 Additional ee Required 0.00 May Bedded to Fees
TAMPA FL 33606 2. Principal Place of Bus Suite, Apt #, etc. City & State 3 Zip 9. Nar BOLING, DAVIS & 613 MAGNOLIA TAMPA FL 33606 11. Pursuant to the proof registered agent, familiar with, and ac SIGNATURE Signature to BOLING ST BOLIN	Country 25 me and Address of Currer //sions of Sections 607,0507 or both, in the State of Flori	TAMPA FL 33606 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 nt Registered Agent 2 and 607.1508, Florida Statida, Such change was author	thes the	81 82 83 84	Name Street Addr	10/01/1976 4. FEI Number 59-1690683 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for i Florida Statutes Yes 10. Name and Address of New R	\$8. \$5. Intangible tax under No legistered Agent	Applied For Not Applicable 75 Additional ee Required 5.00 May Be dded to Fees er s 199.032,
Suite, Apt #, etc. City & State 7ip 9. Nar BOLING, DAVIS & 613 MAGNOLIA TAMPA FL 33606 1. Pursuant to the proof registered agent, familiar with, and action of the proof of the suite of the proof of the suite of the proof. Signature for the suite of the proof. Signature for the proof of the proof of the suite of the proof o	Country 25 me and Address of Currer //sions of Sections 607,0507 or both, in the State of Flori	26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 nt Registered Agent 2 and 607.1508, Florida Statida, Such change was author	thes the	81 82 83 84	Name Street Addr	10/01/1976 4. FEI Number 59-1690683 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for i Florida Statutes Yes 10. Name and Address of New R	\$8. \$5. Intangible tax under No legistered Agent	Applied For Not Applicable 75 Additional ee Required 5.00 May Be dded to Fees er s 199.032,
Suite, Apt #, etc. City & State 7:p 9. Nar BOLING, DAVIS & 613 MAGNOLIA TAMPA FL 33606 1. Pursuant to the pro- or registered agent, familiar with, and act of grant for the state of	Country 25 me and Address of Currer //sions of Sections 607,0507 or both, in the State of Flori	26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 nt Registered Agent 2 and 607.1508, Florida Statida, Such change was author	thes the	81 82 83 84	Name Street Addr	59-1690683 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for i Florida Statutes Yes 10. Name and Address of New R	S5 Addintangible tax under No Registered Agent	Not Applicable 75 Additional ee Required 5.00 May Be dded to Fees er's 199.032,
Suite, Apt #, etc. City & State P. Pursuant to the pro- or registered agent, familiar with, and act IGNATURE Signature by STEE ST BOLIN BOLIN 9. Nar	25 me and Address of Currer Signs of Sections 607,0507 or both, in the State of Flori	Suite, Apt. #, etc. 27 City & State 28 7ip 29 nt Registered Agent 2 and 607.1508, Florida Stati ida, Such change was author	thes the	81 82 83 84	Name Street Addr	5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for i Florida Statutes Yes 10. Name and Address of New R	S5 Addintangible tax under No Registered Agent	.75 Additional ee Required 5.00 May Be dded to Fees er s 199.032,
9. Nar BOLING, DAVIS S 613 MAGNOLIA TAMPA FL 33606 1. Pursuant to the pro- or registered agent, familiar with, and act IGNATURE Signature to 2. FLE ST BOLIN	25 me and Address of Currer Signs of Sections 607,0507 or both, in the State of Flori	City & State 28 7ip 29 nt Registered Agent 2 and 607.1508, Florida Stati ida, Such change was author	thes the	81 82 83 84	Name Street Addr	6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for i Florida Statutes Yes 10. Name and Address of New R	S5 Addintangible tax under No Registered Agent	ee Required 5.00 May Be dded to Fees er's 199.032,
9. Nar BOLING, DAVIS S 613 MAGNOLIA TAMPA FL 33606 Parsuant to the proor registered agent, familiar with, and accommodification of the proof of the	25 me and Address of Currer Signs of Sections 607,0507 or both, in the State of Flori	ZIP ZIP 29 nt Registered Agent 2 and 607.1508, Florida Stati	thes the	81 82 83 84	Name Street Addr	Trust Fund Contribution 8. This corporation has liability for in Florida Statutes Yes 10. Name and Address of New R	intangible tax unde No legistered Agent	dded to Fees er s 199.032,
9. Nar BOLING, DAVIS S 613 MAGNOLIA TAMPA FL 33606 Pursuant to the proor registered agent, familiar with, and accommodate signature by	25 me and Address of Currer Signs of Sections 607,0507 or both, in the State of Flori	29 nt Registered Agent 2 and 607.1508, Florida Stati ida, Such change was author	thes the	81 82 83 84	Name Street Addr	Florida Statutes Yes 10. Name and Address of New R	No legistered Agent	
BOLING, DAVIS S 613 MAGNOLIA TAMPA FL 33606 Pursuant to the pro- or registered agent, familiar with, and ac GNATURE Signature by	risions of Sections 607.0507 or both, in the State of Flori	2 and 607.1508, Florida Statu ida. Such change was author	ites, ti	82 83 84	Street Addr		ole)	Zin Code
1. Pursuant to the pro- or registered agent, familiar with, and act IGNATURE 2. TLE ST BOLIN	visions of Sections 607.0502 or both, in the State of Flori	ida. Such change was author	ites, ti	82 83 84	Street Addr	ress (P.O. Box Number is Not Acceptab		7in Code
613 MAGNOLIA TAMPA FL 33606 1. Pursuant to the pro- or registered agent, familiar with, and ac GNATURE Signature to 2. TE ST BOLIN	visions of Sections 607.0502 or both, in the State of Flori	ida. Such change was author	ites, t	83 84		ress (P.O. Box Number is Not Acceptab		Zin Code
TAMPA FL 33606 1. Pursuant to the pro- or registered agent, familiar with, and act GNATURE Signature to 2. TE ST BOLIN	visions of Sections 607.0507 or both, in the State of Flori	ida. Such change was author	ites, ti	84	City		EI 85	Zin Code
or registered agent, familiar with, and ac GNATURE Signature by Styrature by ST Mt BOLIN	or both, in the State of Flori	ida. Such change was author	ites, ti	the above i	City		E1 85	Zin Code
or registered agent, familiar with, and ac GNATURE Styriation by Styriation by ST BOLIN	or both, in the State of Flori	ida. Such change was author	ites, ti	the above i	, , , , , , , , , , , , , , , , , , ,			
or registered agent, familiar with, and action of the state of the sta	or both, in the State of Flori	ida. Such change was author	ites, ti	the above i				·
ITLE ST AME BOLIN	ord or directed name of registered agent	13Henry	98.			od when neirstating)	1-24-96 DATE	.
ME BOLIN	OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		
	IG, MARJORIE W	DECENT		1.1 TITLE 1.2 NAME			☐ Chan	nge
	IAGNOLIA			1.3 STREET	ADDRESS			
Y-ST-7IP TMAP	A FL			1.4 CITY - S	S1 - 2IP			
F PD	IO DAMO O	DELETE		2. 1 TITLE			Chan	nge 🔲 Addition
	ig, davis s Iagnolia			22 NAME 23 STREET	ADDRECC			
Y ST ZIP TMAP				24 CITY-5				
1		DELETE		3. 1 TITLE			☐ Chan	nge 🔲 Addition
ME				3 2 NAME				
HEE! ADDRESS					1 ADDRESS			
Y - S1 - ZIF'		☐ DELETE		3.4 C(TY - 5 4. 1 T(TLE	ST - ZIP		Char	nge Addition
ME				4.2 NAME				ige Addition
HEFT ADOPESS					F ADDRESS			
TY-ST-Z0F				4.4 CITY - S				
N.F.		DELETE		5 1 TITLE			Char	nge 🔲 Addition
MMI .				5.2 NAME				
THEFT ACCORESS				5.3 STREET				
TY-ST-ZIF		DELF16		5 4 CHY-5	ST - ZIP		☐ 0b	nno [""] Addisin-
IME				6.1 TITLE 6.2 NAME	ļ		☐ Char	nge [] Addition
REFT ADDRESS					T ADDRESS			
HY-SI-ZIP				6.4 CITY-5	1			

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24.96

257 ff 59
Daytime Prione #