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

DOCUMENT # 1. Corporation Name

(4)

CECIL L. BOTHWELL, JR., INC.

Principal Place	of Rusiness		g Address							
•	NOLIA AVENUE	83	833 N. MAGNOLIA AVENUE ORLANDO FL 32803							
OILAI DO T	2 3200	v					3. Date Incorporated or Qualified 3a. Date of Last Report 09/01/1979 03/08/1995			
2. Principal Place of Business 2a. Mailing Add				Address			4. FEI Number A		Applied For	
21 26							59-1937108 Not Applicable			Vot Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional
22 27										Required
City & State City & State							6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
23	Country	28	r.	Cou	nto:		8. This corporation has liability for	intanaible ta		
Zip 24	Country	29	,	30	i itr y			ikitarigibie ta. S∷∏No	Curioers	100.002,
24	25 g. Name and Address of Curre		ed Apent	[30]			10. Name and Address of New I		gent	
	5. Italio Lita 1.00		<u>-</u>		81	Name		-		
B N RGE, PEGGY V					02	Stroot A	ddress (P.O. Box Number is Not Acceptable)			
833 N. MAGNOLIA AVENUE			82 Stree			Street As	actress (F.O. Box Normber is Not Acceptate	леј		
ORLANDO FL 32803					83					
O/IDA	00 12 02000				84	Cit			85 Zı	Code
					84	City		FL	55 24	Code
12.	Signative speed or profest partie of mg. (elect a pa OFFICERS AN			OTE Biogeterist 13. 1.11		t signatum mi	ADDITIONS/CHANGES TO OF		DIRECTO	DRS IN 12
TITLE NAME	BURGE, PEGGY V.			1.2 N						
STREET ADDRESS	833 N. MAGNOLIA AVE.			1		ADDRESS				
	ORLANDO FL					ST - ZIF				
CITY-ST-ZIP TITLE	ONDANDO I E		Dittit	2 1 7		., 20		[Change	Addition
NAME			_	2 2 N			Secretary/ Treas	urer		
STREET ADDRESS				235	IRE£1	ADDRESS	Linda C. Spost	_		
CITY - ST - ZIP						ST ZiP	1739 Cypress Rid			
TITLE			DELETE	3 1 1			Orlando, FL 328	25 [] Change	Addition
NAME				3 2 N	AME	ĺ				
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NAME				42N	AME					
STREET ADDRESS				435	TREET	I ADDRESS				
City-St-ZiP				440	۲۲۰ <u>:</u>	ST - ZIP				
TITLE			DELETE	5 1 1	ITLE	T			Change	☐ Addition
NAME				52 N	AME					
STREET ADDRESS				538	THEE	: AODRESS				
CITY-ST-ZIP				540	HY-5	ST-ZIP	<u></u>			
TITLE			DELETE	61	TITLE	1		[Change	Addition
NAME				62 N	ANAF					

6.3 STREET ADDRESS.

64 CITY ST ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

14. Too 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment waturan address.