

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 665909 (8)

1. Corporation Name

BOUSCHER, INC.



Principal Place of Business

Mailing Address

C/O FRANK B. METCALF, ESQUIRE
1329 A KINGSLEY AVE.
ORANGE PARK FL 32073

C/O FRANK B. METCALF, ESQUIRE
1329 A KINGSLEY AVE.
ORANGE PARK FL 32073

3. Date Incorporated or Qualified
04/02/1980

3a. Date of Last Report
06/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2003363

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

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

METCALF, FRANK B. (ESQUIRE)
1329-A KINGSLEY AVENUE
ORANGE PARK FL 32073

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

Signature type for printed name of officer, director, or shareholder (if applicable)

(NOTE: This should be signed and dated when required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME ST
STREET ADDRESS VALLONEY, SHELIA
CITY - ST - ZIP 140 INDIAN AVENUE
PORTSMOUTH RI

TITLE ☐ DELETE
NAME PD
STREET ADDRESS BOUSCHER, B W
CITY - ST - ZIP 198 ARORA BLVD #305
ORANGE PARK FL

TITLE ☐ DELETE
NAME V
STREET ADDRESS BOUSCHER, STEVEN P.
CITY - ST - ZIP 155 PARKWOOD
ORANGE PARK FL

TITLE ☐ DELETE
NAME V
STREET ADDRESS BOUSCHER, KELLY JOHN
CITY - ST - ZIP 155 PARKWOOD
ORANGE PARK FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

14 TITLE ☐ Change ☐ Addition
15 NAME
16 STREET ADDRESS
17 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank B. Metcalf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-96

904 2725462

Date

Daytime Phone #

CR2E034 (3/96)