

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 665909 (8)

1. Corporation Name
BOUSCHER, INC.



Principal Place of Business C/O FRANK B. METCALF, ESQUIRE 1329 A KINGSLEY AVE. ORANGE PARK FL 32073	Mailing Address C/O FRANK B. METCALF, ESQUIRE 1329 A KINGSLEY AVE. ORANGE PARK FL 32073-4523
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3. Date Incorporated or Qualified 04/02/1980	3a. Date of Last Report 08/07/1996
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2. Principal Place of Business 21 316 BLANDING BLVD Suite, Apt. #, etc 22 City & State 23 ORANGE PARK, FL Zip 24 32073	2a. Mailing Address 26 316 BLANDING BLVD Suite, Apt. #, etc 27 City & State 28 ORANGE PARK, FL Zip 29 32073	4. FEI Number 59-2003363 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST VALLONEY, SHELIA 140 INDIAN AVENUE PORTSMOUTH RI	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD BOUSCHER, B W 198 ARORA BLVD #305 ORANGE PARK FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.2 NAME	PD BOUSCHER B.W.
CITY-ST-ZIP		2.3 STREET ADDRESS	2412 DUBLIN CT
TITLE	V BOUSCHER, STEVEN P. 155 PARKWOOD ORANGE PARK FL	2.4 CITY-ST-ZIP	ORANGE PARK, FL 32065
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE	V BOUSCHER, KELLY JOHN 155 PARKWOOD ORANGE PARK FL	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE	JP BOUSCHER KELLY JOHN
STREET ADDRESS		4.2 NAME	2412 DUBLIN CT
CITY-ST-ZIP		4.3 STREET ADDRESS	ORANGE PARK, FL 32065
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B.W. BOUSCHER

4-30-97 904-272-5462

Date Daytime Phone #

0015808

CR2E034 (9/96)