

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F13722 (6)

1. Corporation Name

WILLIAM G. BOLTIN, III, P.A.

Principal Place of Business

**250 N.ORANGE AVE.,#1420
ORLANDO FL 32801**

Mailing Address

**250 N.ORANGE AVE.,#1420
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/06/1981

3a. Date of Last Report
01/20/1994

2. Principal Place of Business

21 2053 Country Side Circle N.

2a. Mailing Address

26 2053 Country Side Circle N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, Florida

28 Orlando, Florida

Zip

Country

Zip

Country

24 32804

25

29 32804

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOLTIN, WILLIAM G., III
250 N.ORANGE AVE.,#1420
ORLANDO FL 32801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2053 Country Side Circle North

83

84 City

Orlando

FL

85 Zip Code

32804

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when maintaining)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME BOLTIN, WILLIAM G., III
STREET ADDRESS 250 N. ORANGE, #1420
CITY, ST, ZIP ORLANDO FL**

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP**

**2053 Country Side Circle North
Orlando, Florida 32804**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP**

Change Addition

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)(b), 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William G. Boltin, III, President/Director**

4/20/95

(407) 423-9073