

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

'95 MAR -6 AM 9: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003372 (0)

1. Corporation Name

BOSTON INVESTMENT CO., INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/22/1993** 3a. Date of Last Report **03/18/1994**

4. FEI Number **63-1096326** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21 Same		26 Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Special Representative of registered agent and the corporation

Signature of registered agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CHARLES A	12 NAME	
STREET ADDRESS	1217 GREENSBORO AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	TUSCALOOSA AL 35401	14 CITY - ST - ZIP	
TITLE	DT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JOLYN	22 NAME	
STREET ADDRESS	1217 GREENSBORO AVENUE	23 STREET ADDRESS	
CITY - ST - ZIP	TUSCALOOSA AL 35401	24 CITY - ST - ZIP	
TITLE	DV	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTON, H. CHESTER	32 NAME	
STREET ADDRESS	305 BRYANT DRIVE EAST	33 STREET ADDRESS	
CITY - ST - ZIP	TUSCALOOSA AL 35401	34 CITY - ST - ZIP	
TITLE	DAS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTON, PAULA	42 NAME	
STREET ADDRESS	305 BRYANT DRIVE EAST	43 STREET ADDRESS	
CITY - ST - ZIP	TUSCALOOSA AL 35401	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 and signed by the person or persons named in the report or the officer 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 of this report, or is an attachment with an address.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

258.95

(205)345-6661