

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F9400000058 (7)**

1. Corporation Name  
**BOUTELLE GILMORE BOUTELLE, INC.**



Principal Place of Business: % CLYDE L. BOUTELLE, 520 W. GRAND AVE, BELOIT WI 53511  
Mailing Address: % CLYDE L. BOUTELLE, 520 W. GRAND AVE, BELOIT WI 53511

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

3. Date Incorporated or Qualified <b>01/05/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>39-1610834</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SOLLINGER, MICHAEL  
% PROPERTY ASSET MANAGEMENT  
4919 MEMORIAL HWY, SUITE 100  
TAMPA FL 33634**

10. Name and Address of New Registered Agent  
81 Name **John E. McMillan**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**Levin and McMillan, Attorneys**  
83 **9385 56th St., Suite 200**  
84 City **Temple Terrace** FL 85 Zip Code **33617**

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 *John E. McMillan* 4-29-96  
Signature: typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	CP	
NAME	BOUTELLE, CLYDE L	
STREET ADDRESS	520 W. GRAND AVE	
CITY-ST-ZIP	BELOIT WI	
TITLE	VCV	
NAME	GILMORE, WAYNE M	
STREET ADDRESS	51 S. RIVER RD	
CITY-ST-ZIP	JANESVILLE WI	
TITLE	STD	
NAME	BOUTELLE, EARL S	
STREET ADDRESS	120 W. GRAND AVE	
CITY-ST-ZIP	BELOIT WI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Clyde L. Boutelle* 4-8-96  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (12/95)