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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # H12897

(5)

1. Corporation Name JOHN W. BOYCE, INC. Principal Place of Business Mailing Address \$23 NORRIEGN POSTIN FL 3241					
DESTIN FL 32	541	DESTIN FL 32541		3. Date Incorporated or Qualified	3a. Date of Last Report
				07/18/1984	04/25/1995
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2438869	Not Applicable
Suite, Apt #,	etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
:3		28	Country	Trust Fund Contribution 8. This corporation has liability for	Added to rees
_Zγρ □	Country	Zip	Country 30		BNo
4	9. Name and Address of Curr	29 ant Registered Agent	30	10. Name and Address of New F	
	9. Hame and Address of Carl	cit (togistored rigot)	81 Name		
207 FLO	. Floyd, Jr., ESQ Rida Place, SE Ion Beach Fl 32548		83	fress (P.O. Box Number is Not Acceptat	
•			84 City		FL 85 Zip Code
or registere familier with	d agent, or both, in the State of Fig n, and accept the obligations of, So ,	orida. Such change was authorosolion 607 0505, Florida Statute	zed by the corporation's boa is.	oration submits this statement for the pu and of directors. Thereby accept the app	pointment as registered agent if am
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14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exeruption 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 eath; 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:

AGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 (904)863-9636

Daytine Phone #