

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
95 JUL 31 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J23351 (6)**

1. Corporation Name  
**BOSEK, GIBSON AND ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**509 WEST FLETCHER AVENUE SUITE 102 TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/10/1986</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2744498</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>2 COPIES</b>	<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. 199.035, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>BOSEK, RALPH S. 10905 VICTORIA ARBOR WAY TEMPLE TERRACE FL 33617</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83					
84 City					

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PS</b>	NAME <b>BOSEK, RALPH S.</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>10905 VICTORIA ARBOR WAY</b>	CITY, ST, ZIP <b>TEMPLE TERRACE FL 33617</b>	12. NAME	
TITLE <b>T</b>	NAME <b>BOSEK, IRENE B.</b>	13. STREET ADDRESS	
STREET ADDRESS <b>10905 VICTORIA ARBOR WAY</b>	CITY, ST, ZIP <b>TEMPLE TERRACE FL 33617</b>	14. CITY, ST, ZIP	
TITLE <b>V</b>	NAME <b>GIBSON, MICHAEL W</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>15404 PLANTATION OAK DR</b>	CITY, ST, ZIP <b>TAMPA FL</b>	22. NAME	
TITLE	NAME	23. STREET ADDRESS <b>Gibson, Michael W</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	24. CITY, ST, ZIP <b>3416 Waterbridge Dr. Tampa, FL 33618</b>	
CITY, ST, ZIP		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42. NAME	
		43. STREET ADDRESS	
		44. CITY, ST, ZIP	
		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52. NAME	
		53. STREET ADDRESS	
		54. CITY, ST, ZIP	
		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	
		63. STREET ADDRESS	
		64. 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 provided 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 associate this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Bosak 7/19/95 813-960-3399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (3/95)