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FILED
Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J23351 (6)

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



Principal Place of Business: 508 WEST FLETCHER AVENUE SUITE 102 TAMPA FL 33612
Mailing Address: 508 WEST FLETCHER AVENUE SUITE 102 TAMPA FL 33612-3413

3. Date Incorporated or Qualified: 07/10/1986
3a. Date of Last Report: 03/04/1996
4. FEI Number: 59-2744498
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: 21 Suite, Apt #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
BOSEK, RALPH S.
10905 VICTORIA ARBOR WAY
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	Sr. V.P.	<input type="checkbox"/> DELETE
NAME	BOSEK, RALPH S.	
STREET ADDRESS	10905 VICTORIA ARBOR WAY	
CITY - ST - ZIP	TEMPLE TERRACE FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME	BOSEK, IRENE B.	
STREET ADDRESS	10905 VICTORIA ARBOR WAY	
CITY - ST - ZIP	TEMPLE TERRACE FL	
TITLE	Sr. VP	<input type="checkbox"/> DELETE
NAME	GIBSON, MICHAEL W	
STREET ADDRESS	3416 WATERBRIDGE DE.	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME	Spencer Autry	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	President	<input type="checkbox"/> DELETE
NAME	John Ramil	
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

1.1 TITLE	Sr. V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ralph S. Bosek	
1.3 STREET ADDRESS	10905 Victoria Arbor Way	
1.4 CITY - ST - ZIP	Temple Terrace, FL 33617	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Sr. V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael Gibson	
3.3 STREET ADDRESS	4234 Arborwood LN	
3.4 CITY - ST - ZIP	Tampa, FL 33624	
4.1 TITLE	Sr. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Spence Autry	
4.3 STREET ADDRESS	1508 W. Palm Ct.	
4.4 CITY - ST - ZIP	Valrico, FL 33554	
5.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John Ramil	
5.3 STREET ADDRESS	P.O. Box 111	
5.4 CITY - ST - ZIP	Tampa, FL 33601-0111	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Sr. V.P. 1/27/97 813-960-3799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)