

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 2:44

DOCUMENT # J97550

(4)

1. Corporation Name

BOLLOM INTERNATIONAL, INC.

Principal Place of Business

**2033 MAIN STREET, SUITE 600
2033 MAIN STREET
SARASOTA FL 34237-6049**

Mailing Address

**2033 MAIN STREET, SUITE 600
2033 MAIN STREET
SARASOTA FL 34237-6049**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/16/1987

3a. Date of Last Report

03/22/1994

4. FEI Number

65-0006694

Applied For

☐ Not Applicable

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

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. 109.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MYERS, TROY H., JR.
2033 MAIN STREET, SUITE 600
SARASOTA FL 34230**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **BOLLOM, J. W.**
STREET ADDRESS **18 FOREST RIDGE**
CITY-ST-ZIP **KESTON, KENT ENGLAND**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VSD**
NAME **HEMPHILL, E**
STREET ADDRESS **4 HIGHGROVE CLOSE**
CITY-ST-ZIP **CHISLEHURST, KENT, ENGLAND**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VTD**
NAME **BOLLOM, MARTIN PATRICK**
STREET ADDRESS **148 COURT LN.**
CITY-ST-ZIP **LONDON, SE 21 ENGLAND**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**
NAME **ROBERTSON, ALISTAIR G**
STREET ADDRESS **42 BOWES RD.**
CITY-ST-ZIP **NEW ASH GREEN, KENT, ENGLAND**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **V**
NAME **MYERS, TROY H**
STREET ADDRESS **2033 MAIN ST STE 600**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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 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 as an attachment with an address.

SIGNATURE:

ALISTAIR ROBERTSON

3/23/95

214 867 5677