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APPROVED AND FILED 0324587 CP

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 PM 3: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L26945** (0)
1. Corporation Name
BOKAVI CO.

Principal Place of Business Mailing Address
1113 ESTERO BLVD.
FT MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/01/1989** 3a. Date of Last Report **04/08/1994**
4. FBI Number **65-0157747** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 195.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 **16401 Kelly Woods Dr** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#143** 27
City & State City & State
23 **FT MYERS FL** 28
Zip County Zip County
24 **33908** 25 **LEE** 29 30

SHENKO JR, WILLIAM E.
% ECHOLS, COTTER & SHENKO
6100 ESTERO BLVD
FT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name **WALTER BANUSEVICH**
82 Street Address (P.O. Box Number is Not Acceptable) **16401 Kelly Woods Dr**
83 **#143**
84 City **FT MYERS** FL 85 Zip Code **33908**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and for corporation)

(Signature typed or printed name of registered agent and for corporation)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	PT
2. NAME	BANUSEVICH, WALTER
3. STREET ADDRESS	16401 KELLY WOODS DR#143
4. CITY, ST, ZIP	FT. MYERS FL
5. TITLE	VS
6. NAME	BANUSEVICH, KATHLEEN
7. STREET ADDRESS	16401 KELLY WOODS DR#143
8. CITY, ST, ZIP	FT. MYERS FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that this information is 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. I am an officer or director of the corporation or the receiver or trustee empowered to conduct this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report. I am attached to or an attachment with an address.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

4/28/95 (813) 466-1470