FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS					Secretary of State			
DOCUN 1, Corporation	MENT # L41632	(5)							
BOHNE,	RUNYAN AND WALL, INC.								
Principal Place	e of Business	Mailing Address) HORIHOR BIL ELERE ULIU BIRET RINE U	(1.11111 01011 1	1984 B1811 B1811 B	
% KEVIN BOHNE % KEVIN BOHNE									
BO11 LAND O L LAND O LAKES		8011 LAND O LAKES BLVD LAND O LAKES FL 34839-5802							
US		U\$			3.	Date Incorporated or Qualified	1	ate of Last Re	aport
2 Principal Pi	ace of Business	2a. Mailing Address				12/01/1989 FEI Number	<u>U3/</u>	19/1996	plied For
21		26			7	59-2975545			t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			6	Certificate of Status Desired	52	\$8.75 A	
City & Store		City & State						Fee Re	
City & State	ž.	28 City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country	Zip	Countr	у	8.	This corporation has liability fo			
24	25 29 30				Florida Statutes Yes No				
	g. Name and Address of Currer	nt Registered Agent	81	Name	10.	Name and Address of New F	egistered	Agent	
	ine, kevin I land o lakes blvd		82	1 1 1 1 1 1 1					
LAND O LAKES FL 34639				Street A	Address (F	P.O. Box Number is Not Accepta	able)		
	D 0 2 3 1 2 0 1 0 0 0 0		83						
			B4	City		······································		85 Zip C	Code
		00 10074500 51 3-61-4-4		<u> </u>		the state of the s	FL	·	
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was author	ne apov orized b	y the corp	corporation's	on submits this statement for the board of directors. I hereby acc	ept the app	r changing its pointment as	registered registered
	mi tamiliar with, and accept the oblig	ations of, Section 607.0505, Florida	Statute	·S.					
SIGNATURE	Signature, typed or printed name of registered age	ent and offerif applicable. (NOTE: Reş	pstered Ag	ent signature r	required wher	n reinstaling)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND		IS IN 12
TITLE NAME			1.1 TITLE 1.2 NAME					L Change	L. ADDITION [
STREET ADDRESS	ARAC LAND DI LURO BLID		1.3 STREET ADDRESS						
CITY-SF-ZIP	LAND A LANCA CI		1.4 CITY-						
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NAME			22 NAME						
STREET ADDRESS	1440 0 14450 5			TADDRESS					,
CITY-ST-ZIP TITLE			2 4 OHY	ST-ZIP				Change	Addition
NAME	WALL, DUANE		32 NAME	İ					
STREET ADDRESS	8011 LAND O LAKES BLVD		3.3 STREE	T ADDRESS					
CITY - ST - ZIP	LAND O LAKES FL		3 4. CITY	_ +	·				
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NAME		Į.	5.2 NAME]
STREET ADDRESS				T ADDRESS					İ
CITY-ST-ZIP		☐ DELETE	54 CITY-					Change	Addition
TITLE NAME		L. DELETE	6.2 NAME		,			· Unanyc	AUGRIUI
STREET ADDRESS				T ADDRESS					Ì
0157 67 70	!		s A CITY	AT 20					Į.

14. I do hereby certify that the imprimation 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 or this immual report or supplymental 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 directoryof the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Muc. 13 if charge or or an attachment with an address.

SIGNATURE:

813-996-0019

FILED

Jan 21 1997 8:00am