

FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000000298 (9)

1. Corporation Name
RICHARD W. BUSSELL, INC.

Principal Place of Business Mailing Address
**1320 S FEDERAL HWY
STE - 210
STUART FL 34994
US** **1899 SW SUNSET TRAIL
PALM CITY FL 34990**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21 203 W. 3rd Street		26		59-3148409		10/28/1992 05/01/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		Applied For	
23 Stuart, FL		28		<input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Not Applicable	
24 34994		25 Martin		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCINTYRE, WILLIAM C 900 E OCEAN BLVD STE - 142 STUART FL 34994				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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: Cynthia M. Buswell Secretary-Treasurer 4-18-95 CMB
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	1.1 TITLE	D-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BUSSELL, RICHARD W	1.2 NAME	Richard W. Buswell				
STREET ADDRESS	189 SW SUNSET TRAIL	1.3 STREET ADDRESS	1899 SW Sunset Trail				
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	Palm City, FL 34990				
TITLE		2.1 TITLE	D-S-T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		2.2 NAME	Cynthia M. Buswell				
STREET ADDRESS		2.3 STREET ADDRESS	1899 SW Sunset Trail				
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm City, FL 34990				
TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

**APPROVED
AND
FILED**
I signed in
the wrong spot,
crossed out
& initialed - hope
that's ok.
Cynthia Buswell

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 119.07(3)(k), 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: Cynthia M. Buswell Secretary-Treasurer 4-18-95 220-3360
Typed name and typed or printed name of signing officer or director (Date) (Daytime Phone)