

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000000947 (0)

1. Corporation Name

BOYDSTUN, DABROSKI & LYLE, P.A.



Principal Place of Business

2600 9TH STREET NORTH
ST. PETERSBURG FL 33704
US

Mailing Address

PO DRAWER 76380
ST. PETERSBURG FL 33734
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

PO Drawer 76387

27

Suite, Apt. #, etc.

22

City & State

28

St Petersburg, FL

23

Zip

Country

29

33734

Country

24

9. Name and Address of Current Registered Agent

BOYDSTUN, C. BRYANT JR.
2600 NINTH STREET NORTH
ST. PETERSBURG FL 33704

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	BOYDSTUN, C. BRYANT J	<input type="checkbox"/> DELETE
NAME		2600 9TH ST N	
STREET ADDRESS		ST. PETERSBURG FL	
CITY-ST-ZIP			
TITLE	S	DABROSKI, DENNIS E.	<input type="checkbox"/> DELETE
NAME		2600 9TH ST N	
STREET ADDRESS		ST. PETERSBURG FL	
CITY-ST-ZIP			
TITLE	T	LYLE, CHARLES A.	<input type="checkbox"/> DELETE
NAME		2600 9TH ST N	
STREET ADDRESS		ST. PETERSBURG FL	
CITY-ST-ZIP			
TITLE	VP	LYLE, JAMES R. JR	<input type="checkbox"/> DELETE
NAME		2600 9TH ST N	
STREET ADDRESS		ST. PETERSBURG FL	
CITY-ST-ZIP			
TITLE	VP	LYLE, CARL B. I	<input type="checkbox"/> DELETE
NAME		2600 9TH ST N	
STREET ADDRESS		ST. PETERSBURG FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96

813-895-1991

CR2E034 (12/95)