

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:30

DOCUMENT # **P93000027242 (5)**

1. Corporation Name

DAVID D. BONE, P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
766 B HUDSON AVENUE SARASOTA FL 34236

3. Date Incorporated or Created **04/12/1993** 3a. Date of Last Report **02/08/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FFI Number **65-0402099** Applied For Not Applicable

22. City & State 27. City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. Zip 28. Zip

6. Director Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Country 25. Country 29. Country 30. Country

8. This corporation has liability for intangible tax under S. 198.03, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BONE, DAVID D
766 B HUDSON AVENUE
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number or Post-Office)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607 (b)(2) and 607 15(b), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered officer 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 05(b), Florida Statutes.

SIGNATURE: _____ Signature of registered agent (registered agent and filer of documents) Signature of registered agent (registered agent and filer of documents)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (1)	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONE, DAVID D	1. NAME	
STREET ADDRESS	766 B HUDSON AVENUE	1. STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL 34236	1. CITY, ST, ZIP	
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. 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 law for Florida Limited Liability. 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. I carry on office or directly or indirectly of this corporation or the receiver or trustee empowered to receive the report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or the attached form with an addition.

SIGNATURE: *David D. Bone, P.A.*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

11195 305 8766