

**FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TAMM M. BARTER  
Secretary of State  
TALLAHASSEE, FLORIDA

APPROVED  
MAY 1 1995

55 MAY -1 AM 11:34

DOCUMENT #  
1. Corporation Name

**P93000045676 (2)**

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**PATRICK J. BOLES, P.A.** Current Address

DO NOT WRITE IN THIS SPACE

21	P O BOX 115 FT MYERS BEACH FL 33901	26	P O BOX 115 FT MYERS BEACH FL 33901
22	State Appt # etc.	27	State Appt # etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	County	30	County

3. Date of Registration or Renewal	38. Date of Last Report
4. FFI Number	Applied For Not Applicable
5. 06/23/1993 Status Desired	<input type="checkbox"/> 05/01/1995 Additional Fee Required
6. 65-0421868 Foreign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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**

**BOLES, PATRICK J**  
**6051 ESTERO BLVD**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P O Box Number is Not Acceptable)
83	City
84	Zip
85	Zip Code

**11. FT MYERS BEACH FL 33901** Pursuant to Section 607.11(4), 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 607.03(6), Florida Statutes.

SIGNATURE: *Patrick J. Boles* (Signature of Registered Agent)

**12. OFFICERS AND DIRECTORS**

OFFICE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICE	
NAME	<b>P</b>
STREET ADDRESS	<b>BOLES, PATRICK J.</b>
CITY, STATE, ZIP	<b>6051 ESTERO BLVD</b>
OFFICE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

**13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS**

OFFICE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
OFFICE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
OFFICE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
OFFICE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, STATE, 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 199.03(6)(k), Florida Statutes. I further certify that the information 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Patrick J. Boles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/95 813463 2025  
Date (Type Here)