

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000028388 (4)**

1. Corporation Name
BODRUS, INC.



Principal Place of Business

Mailing Address

61 BRENT LANE
PENSACOLA FL 32503
US

61 BRENT LANE
PENSACOLA FL 32501
US

3. Date Incorporated or Qualified 04/06/1994	3a. Date of Last Report 02/28/1995
4. FEI Number 59-3257340	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYLES, KARL W JR
127 S. PALAFOX PLACE
PENSACOLA FL 32501**

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 of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELETE		DELETE	Change Addition
<input type="checkbox"/>	1. TITLE: D 2. NAME: BOHANNON, HUGH F 3. STREET ADDRESS: 61 BRENT LANE 4. CITY-STATE-ZIP: PENSACOLA FL	<input type="checkbox"/>	
<input type="checkbox"/>	1. TITLE: D 2. NAME: ANDRUS, DENNIS 3. STREET ADDRESS: 61 BRENT LANE 4. CITY-STATE-ZIP: PENSACOLA FL	<input type="checkbox"/>	
<input type="checkbox"/>	1. TITLE: 2. NAME: 3. STREET ADDRESS: 4. CITY-STATE-ZIP: 	<input type="checkbox"/>	
<input type="checkbox"/>	1. TITLE: 2. NAME: 3. STREET ADDRESS: 4. CITY-STATE-ZIP: 	<input type="checkbox"/>	
<input type="checkbox"/>	1. TITLE: 2. NAME: 3. STREET ADDRESS: 4. CITY-STATE-ZIP: 	<input type="checkbox"/>	
<input type="checkbox"/>	1. TITLE: 2. NAME: 3. STREET ADDRESS: 4. CITY-STATE-ZIP: 	<input type="checkbox"/>	
<input type="checkbox"/>	1. TITLE: 2. NAME: 3. STREET ADDRESS: 4. CITY-STATE-ZIP: 	<input type="checkbox"/>	
<input type="checkbox"/>	1. TITLE: 2. NAME: 3. STREET ADDRESS: 4. CITY-STATE-ZIP: 	<input type="checkbox"/>	
<input type="checkbox"/>	1. TITLE: 2. NAME: 3. STREET ADDRESS: 4. CITY-STATE-ZIP: 	<input type="checkbox"/>	

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 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *H. Fred Bohannon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H. Fred Bohannon

2/21/96 (904) 432-7368
DATE PHONE NUMBER

CR2E034 (12/95)