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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TAX AND REVENUE  
REGISTRATION  
DIVISION OF STATE  
REGISTRATION

APPROVED  
AND  
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55-011Y-1 PM 10:19

REGISTRATION  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064816 (9)

B. T. BOOMERS OF LEE COUNTY, INC.

SEARCHED INDEXED

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5100 S CLEVELAND AVE  
FT MYERS FL 33907

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FT MYERS FL 33907

SEARCHED INDEXED SERIALIZED FILED

3. Date of Registration 2/29/1994 38 - 100-100-100-100

08/29/1994

2. Type of Business Entity	28. Mailing Address	4. Name of Agent	Applied For
21. Corporation	26.	X65-0516925	Not Applicable
22. Limited Partnership	27.		
23. Partnership	28.		
24.	29.	30.	

9. Name and Address of Current Registered Agent

ERICKSON, WILLIAM C  
2663 AIRPORT RD S  
D-106  
NAPLES FL 33962

81. Name	82. Street Address (If Box Number is Not Acceptable)	85. Zip Code
	500 5TH AVE S,	FL 33940
83.	524	
84. City		

11. I, the undersigned, the registered agent and/or officer of the corporation, do hereby state that the purpose of changing its registered office or principal place of business in the state of Florida and change was duly authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with the laws of the state of Florida concerning the filing of this document.

Information

12.	13.	ADDITIONAL CHANGES (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	( ) Change ( ) Addition
NAME	D GERMAN, LAWRENCE JR. 5100 S CLEVELAND AVE FT MYERS FL 33907	( ) NAME	( ) Change ( ) Addition
ADDRESS		( ) ADDRESS	( ) Change ( ) Addition
NAME		( ) NAME	( ) Change ( ) Addition
ADDRESS		( ) ADDRESS	( ) Change ( ) Addition
NAME		( ) NAME	( ) Change ( ) Addition
ADDRESS		( ) ADDRESS	( ) Change ( ) Addition
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NAME		( ) NAME	( ) Change ( ) Addition
ADDRESS		( ) ADDRESS	( ) Change ( ) Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 11(1)(a) of the Florida Statute. I further certify that the information contained in the original report or supplemental report reported true and accurate so that no signature shall force the corporation to file a false report under Chapter 11 of the Florida Statute, and that my name appears in block letters in the space provided, and are affixed with an address.

SIGNATURE:   
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lawrence GERMAN Jr 4-88-95 (813) 936-6564