

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # P95000027545 (9)

1. Corporation Name

BOLENDER-KLOCKE & COMPANY



Principal Place of Business

Mailing Address

31404 REED ROAD
 DADE CITY FL 33525-7444

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 DADE CITY FL 33525-7444

3. Date Incorporated or Qualified
04/06/1995

3a. Date of Last Report

21. Principal Place of Business
31404 Reed Road
DADE City, FL 33523

2a. Mailing Address
31404 Reed Road
 Suite, Apt #, etc

4. FEI Number
59-3304724

Applied For
 Not Applicable

22. City & State
DADE City

27. City & State
DADE City, FL

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

23. Zip
33523

28. Zip
33523

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

24. Country

29. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVL, JON L
37837 MERIDIAN AVENUE
SUITE 314
DADE CITY FL 33525

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 filed application

(NOTE: Registered Agent signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **BOLENDER, SHAUN M**
 STREET ADDRESS **31404 REED ROAD**
 CITY-ST-ZIP **DADE CITY FL 33525-7444**

TITLE **D** DELETE
 NAME **KLOCKE, MICHAEL**
 STREET ADDRESS **1855 CHATHAM**
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D** Change Addition
 12 NAME **Bolender, SHAUN M**
 13 STREET ADDRESS **31404 Reed Road**
 14 CITY-ST-ZIP **DADE City, FL 33523**

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shaun M. Bolender
Shaun M. Bolender

6/5/96

352-588-2388

Date

Corporate Phone #

CR2E034 (3/96)