## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000087965 (5)

RICHARD S. BOONE AND ASSOCIATES, INC.

| Principal Place                         | e of Business   | Mailing Address                              |                                  |  | 1                                 |
|---|---|--|----------------------------------|--|-----------------------------------|
| 701 SOUTH ROME AVENUE<br>TAMPA FL 33808 |   | 701 SOUTH ROME AVENUE<br>TAMPA FL 33606-2549 |                                  |  |                                   |
|   |   |  |                                  | <ol> <li>Date Incorporated or Qualified</li> <li>10/22/1996</li> </ol> | 3a. Date of Last Report           |
| 2. Principal Pl                         | ace of Business   | 2a. Mailing Address                          |                                  | 4. FEI Number  | Applied For                       |
| 21                                      |   | 26 P.O. BOX                                  | 18647                            | 59-3408294   | Not Applicable                    |
| Suite, Apt.                             | #, etc  | Suite Apt. #, etc.                           |                                  | 5. Certificate of Status Desired                                       | \$8.75 Additional                 |
| 22                                      |   | 27   |                                  | G. Certificate of Status Desired                                       | Fee Required                      |
| City & State                            | 9   | City & State                                 |                                  | 6. Election Campaign Financing   | <b>\$5.00</b> May Be              |
| 23                                      |   | 28 TAMPA, FI                                 |                                  | Trust Fund Contribution  | Added to Fees                     |
| Zip                                     | Country   | Zip (D.D.                                    | Country                          | B. This corporation has liability for i                                |                                   |
| 24                                      | 25  |  | 30 USA                           | ]  | Yes No                            |
|   | 9. Name and Address of Currer   | nt Registered Agent                          |                                  | 10. Name and Address of New Re   | gistered Agent                    |
| BOONE, RICHARD S                        |   |  | 81 Name                          | ;<br>•   |                                   |
| 701 SOUTH ROME AVENUE                   |   |  | 82 Street Add                    | dress (P.O. Box Number is Not Acceptab                                 | le)                               |
| TAN                                     | IPA FL 33606  |  |                                  |  |                                   |
|   |   |  | 83                               |  |                                   |
|   |   |  | 84 City                          |  | FL 85 Zip Code                    |
| 11. Pursoant t                          | to the provisions of Sections 607 050   | )2 and 607.1508. Florida Statute             | s, the above-named cor           | rporation submits this statement for the p                             | urrose of changing its registered |
| . office or re                          | egistered agent, or both, in the State<br>m familiar with, and accept the oblig | e of Florida. Such change was at             | uthorized by the corpora         | ation's board of directors. I hereby accep                             | ot the appointment as registered  |
| SIGNATURE                               |   | AUDIC  | Registered Agent signature requ  |  | DATE                              |
| 12.                                     | Signature, typed or printed name of regist-red ag-<br>OFFICERS, AN              | ID DIRECTORS                                 | 13.                              | ADDITIONS/CHANGES TO OFFIC   |                                   |
| TITLE                                   | PSD   | DELETE                                       | 1.1 TOTLE                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                | Change Addition                   |
| NAME                                    | BOONE, RICHARD S  | <del>-</del>                                 | 1.2 NAME                         |  |                                   |
| STREET ADORESS                          | 701 SOUTH ROME AVENUE   |  | 1.3 STREET ADDRESS               | 8  |                                   |
| CITY - \$1 - ZIP                        | TAMPA FL 33606  |  | 1.4 CITY - ST - ZIP              |  |                                   |
| THTLE                                   | THAT I'L GOODG  | DELETÉ                                       | 2.1 TITLE                        |  | Change Addition                   |
| NAME                                    |   | _  | 2.2 NAME                         |  | •                                 |
| STREET ADDRESS                          |   |  | 2.3 STREET ADDRESS               |  |                                   |
| · ·                                     |   |  | 2. 4 CITY-ST-ZIP                 |  |                                   |
| CITY-ST-ZIP<br>TITLE                    |   | ☐ OELETE                                     | 3.1 TITLE                        |  | Change Addition                   |
| NAME                                    |   |  | 3.2 NAME                         |  | • —                               |
| STREET AUDRESS                          |   |  | 3.3 STREET ADDRESS               |  |                                   |
|   |   |  | 3.4. CITY-ST-ZIP                 |  |                                   |
| CITY-ST-ZIP<br>TITLE                    |   | DELETE                                       | 4.1 TiTLE                        |  | Change Addition                   |
| NAME                                    |   |  | 4, 2 NAME                        |  |                                   |
| STREET ADORESS                          |   |  | 4.3 STREET ADDRESS               |  |                                   |
|   |   |  | 4.4 CITY-ST-ZIP                  |  |                                   |
| CITY-ST-ZIP<br>TITLE                    |   | DELETE                                       | 51 TITLE                         |  | Change Addition                   |
| NAME                                    |   | Occur  | 5.2 NAME                         |  | 70                                |
|   |   |  |                                  |  |                                   |
| STREET ADDRESS                          |   |  | 5.3 STREET ADDRESS               |  |                                   |
| CITY-ST-7IP<br>TITLE                    |   | DELETE                                       | 5.4 CITY - ST - ZIP<br>6.1 TITLE |  | Change Addition                   |
|   |   | L_J PRILIE                                   |                                  |  | tand Grange Las reduction         |
| NAME                                    |   |  | 6.2 NAME                         |  |                                   |

6.3 STREET ADDRESS 6 4 CITY - ST- ZIP

SIGNATURE:

STREET ADDRESS

INING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119 07(3)(i). 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

813-254-010)

**FILED** 

Jan 14 1997 8:00am

Secretary of State