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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087965 (5)

RICHARD S. BOONE AND ASSOCIATES, INC.

Principal Place of Business
701 SOUTH ROME AVENUE
TAMPA FL 33606

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

P.O. BOX 18647 TAMPA FL 33679

2a. Mailing Address

Suite, Apt. #, etc.

26

27

FILED
Jan 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 10/22/1996

59-3408294

5. Certificate of Status Desired

4. FEI Number

City & State	1	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country Zip		Count	Country		8. This corporation owes or has paid the current year Intangible	
24 25 25		29 30				Personal Property Tax due June 30. X Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
BOONE, RICHARD S				31	Name		
701 SOUTH ROME AVENUE				12	Street Addre	ess (P.O. Box Number is Not Acceptable)	
TAMPA FL 33606							
				83			
				14	City	85 Zip Code	
				,	City	FL S Z COOK	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1,1 TITLE	E		Change Addition	
NAME	BOONE, RICHARD S		1.2 NAM	ΙE			
STREET ADDRESS	701 SOUTH ROME AVENUE		1.3 STRE	EET A	ADDRESS		
ÇITY-ST-ZIP	TAMPA FL 33606		1.4 CITY	'- ST	-ZIP		
TITLE		DELETE	2.1 TITLE	Ę		Change Addition	
NAME			2.2 NAM	Æ		•	
STREET ADDRESS			2.3 STRE	EET A	address		
CITY-ST-ZIP			2. 4 CITY	Y-ST	r-zip		
TITLE		DELETE	3.1 TITLE	Ε		☐ Change ☐ Addition	
NAME			3.2 NAM	Œ	1		
STREET ADDRESS			3.3 STRE	EET A	ADDRESS		
CITY-ST-ZIP			3.4. CITY	Y-ST	i-ZIP		
TITLE		DELETE	4.1 TITLE	E		Change Addition	
NAME			4. 2 NAN	ИE			
STREET ADDRESS			4.3 STRE	EET A	ADDRESS		
CITY-ST-ZIP			4.4 CITY	'-ST	- ZIP		
TITLE		DELETE	5.1 TITLE	E		Change Addition	
NAME			5.2 NAM	ſΕ			
STREET ADDRESS			5.3 STRE	EET A	ADDRESS		
CITY-ST-ZIP			5.4 CITY	-ST	-ZIP		
TITLE		DELETE	6.1 TITLI	Ę		Change Addition	
NAME			6.2 NAM	ΙE			
STREET ADDRESS			6.3 STRE	EET A	ADDRESS		
CITY-ST-ZIP			6.4 CITY	/-\$T	- ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 efficiency of the corporation or the receiver or the receiver of the corporation or the receiver or the receiver of the corporation.							

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as in his have the same leg

SIGNATURE

Nichel & Bow & ARICHARDS ! 1500NE

1/6/98

CR2E034 (10/97)

Applied For

\$8.75 Additional

Fee Required

Not Applicable