

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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Oct 23 1996 8:00 am  
Secretary of State

DOCUMENT # S11067 (3)  
1. Corporation Name  
BOYNTON BUSINESS AND FINANCIAL SERVICES, INC.



Principal Place of Business  
4400 BAYOU BLVD  
STE 44  
PENSACOLA FL 32503

Mailing Address  
P.O. BOX 7557  
STE 44  
PENSACOLA FL 32534-0557  
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/02/1990	05/01/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-3111662	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30 Country		\$5.00 May Be Added to Fees
		6. Election Campaign Financing	
		Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

DONNA, CAIAZZO  
4400 BAYOU BLVD.  
SUITE 44  
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name Kathleen H. Cold, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable) 1 Independence Drive, Suite 2801  
83  
84 City Jacksonville FL 85 Zip Code 32202

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

*Kathleen H. Cold*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/21/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BOYNTON, THERESA B.	1.2 NAME	
STREET ADDRESS	4400 BAYOU BLVD, SUITE 44	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	Trustee Attorney
NAME	CAIAZZO, DONNA F.	2.2 NAME	Laurie J. Oates
STREET ADDRESS	4400 BAYOU BLVD. STE 44	2.3 STREET ADDRESS	2021 2nd Avenue, Suite 180
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Jacksonville, TN 37215
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, director, or shareholder of the corporation, or the receiver or trustee empowered to execute this report, and by Chapter 617, Florida Statutes; and that my name appears on the list of officers, directors, or shareholders with an address.

SIGNATURE

*[Signature]*

SIGNATURE

EDWARD P. BARNES, JR.

SECRETARY

10/22/96

(615) 773-1044

Daytime Phone #

CR2E034 (3/96)