FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V68726

(1)

BANKSTON AND BANKSTON, INC.

Principal Place of Business

8910 N DALE MABRY HWY #12 TAMPA FL 33614

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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22

23

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Ζıp

Mailing Address

2a. Mailing Address

City & State

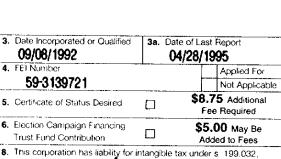
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Suite, Apt. #, etc.

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8910 N DALE MABRY HWY #12 **TAMPA FL 33614**



Country 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent

BANKSTON, DAVID A 8910 N. DALE MABRY HW #12 SUITE 12 **TAMPA FL 33614**

	10. Name and Address of New Registered Agent					
8	Name	-				
82	Street Address (P.O. Box Number is Not Acceptable)					
83						

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 become the consistency of changing its registered office.

12.	Styriative types or posted have recting steed applied and then diagraphs as a post OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1 1 THILE	Change Addition
NAME	BANKSTON, DAVID	1.2 NAME	
STREET ADDRESS	8910 N DALE MABRY HWY SUITE 12 TAMPA FL 33614-1580	1.3 STREET ADDRESS	
CHTY - ST - ZIP		1.4 CITY - IT - ZIP	•
THLE	DELFTE	2 1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREE ADDRESS	
CITY - ST - ZIP		2.4 GHY - JT-ZIP	
TITLE	☐ DELETE	3 ! TITLE	Change Addition
NAME		3.2 NAME	_ · · · _
STREET ADDRESS		3.3 STREE 'ADDRESS	
CITY - ST - ZIP		3.4 C(1) - FT - Z(P	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NA.ME		4 2 NAME	
STREET ADDRESS		4.3 STREE ADDRESS	
CITY-ST-ZIP		4.4 CP:Y-57-ZIP	
TITLE	DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREE ADDRESS	
CITY-ST-ZIP		5 4 CITY - 5 T - ZIP	
TITLE	DELETE	6 1 THLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or of an attachment with an address.

64 CITY-51-ZP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/94 813 935 3861