07221999-90013-007-$150.00-$150.00

9.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90013 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000091914

1. Corporation Name
BOSWELL SERVICES, INC.

Principal Place of Business
12101 NORTH DALE MABRY HIGHWAY
UNIT 312
TAMPA FL 33618

Mailing Address
12101 NORTH DALE MABRY HIGHWAY
UNIT 312
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1998

4. FEI Number
59-3540232
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property. ☑ Yes ☐ No

2. Principal Place of Business
21 ~~P.O. Box 7125~~
22 Suite, Apt. #, etc. 470 Third St. S., #222
23 City & State St. Pete, FL
24 Zip 33701
25 Country US

2a. Mailing Address
26 P.O. Box 7125
27 Suite, Apt. #, etc.
28 City & State Clearwater, FL
29 Zip 33758
30 Country US

9. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name Stephen D. Boswell
82 Street Address (P.O. Box Number is Not Acceptable) ~~P.O. Box 7125~~ 470 3rd St. S
83 #222
84 City ~~Clw, Fl~~ St. Pete FL 85 Zip Code 33701

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 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 7/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOSWELL, STEPHEN D	1.2 NAME	
STREET ADDRESS	~~12101 NORTH DALE MABRY HIGHWAY~~	1.3 STREET ADDRESS	P.O. Box 7125
CITY-ST-ZIP	~~TAMPA FL 33618~~	1.4 CITY-ST-ZIP	Clearwater, FL 33758
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOSWELL, PATSY D	2.2 NAME	
STREET ADDRESS	~~12101 NORTH DALE MABRY HIGHWAY~~	2.3 STREET ADDRESS	P.O. Box 7125
CITY-ST-ZIP	~~TAMPA FL 33618~~	2.4 CITY-ST-ZIP	Clearwater, FL 33758
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 7/15/99 Daytime Phone # (727)-460-4638

CR2E034 (5/99)