

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **V69781** (5)  
1. Corporation Name  
**TREVOR BOSWELL PRODUCTIONS, INC.**

Principal Place of Business: **2250 GULF GATE DRIVE SUITE A SARASOTA FL 34231**  
Mailing Address: **2250 GULF GATE DRIVE SUITE A SARASOTA FL 34231**

3. Date Incorporated or Qualified: **10/08/1992**  
3a. Date of Last Report: **04/01/1994**

4. FEI Number: **65-0364786**  
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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **JOYCE, SHARON J. 2250 GULF GATE DRIVE SUITE A SARASOTA FL 34231**  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PST</b>	NAME: <b>BOSWELL, TREVOR</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>2250 GULF GATE DR STE A</b>	CITY ST ZIP: <b>SARASOTA FL</b>	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY - ST - ZIP:	
TITLE:	NAME:	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY - ST - ZIP:	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY - ST - ZIP:	
TITLE:	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY - ST - ZIP:	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY - ST - ZIP:	
TITLE:	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY - ST - ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY - ST - ZIP:	
TITLE:	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY - ST - ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY - ST - ZIP:	
TITLE:	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY - ST - ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		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 110.07(3)(b), 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 acknowledgment.

SIGNATURE: **TREVOR BOSWELL** 3-25-95 8139251418  
DATE: \_\_\_\_\_