

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 232200 (6)
1. Corporation Name
THE BODEN CO.



Principal Place of Business
10445 49TH ST N
B
CLEARWATER FL 34622
US

Mailing Address
P O BOX 40008
ST. PETERSBURG FL 33743
US

3. Date Incorporated or Qualified 01/15/1960
3a. Date of Last Report 04/28/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 10445 49TH ST N	59-0907988	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. B	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State	28 CLEARWATER, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 34622	30 US
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWVILLE, DUANE
6242 THIRD AVENUE S.
ST. PETERSBURG FL

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2823 HERON PLACE
83
84 City CLEARWATER FL 85 Zip Code 34622

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 DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD NEWVILLE, ERIC 6242 3RD AVE S. ST PETERSBURG, FL 00000	1.1 TITLE	Change Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	2823 HERON PLACE CLEARWATER, FL 34622
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD NEWVILLE, DUANE 6242 3RD AVE S ST PETERSBURG, FL 00000	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	2823 HERON PLACE CLEARWATER, FL 34622
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD NEWVILLE, MARILLYN 6242 3RD AVE S ST PETERSBURG, FL 00000	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	2823 HERON PLACE CLEARWATER, FL 34622
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD NEWVILLE, DENISE 6242 3RD AVE S ST PETERSBURG FL	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	2823 HERON PLACE CLEARWATER, FL 34622
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D NEWVILLE, WAYNE 6242 3RD AVE S. ST PETERSBURG FL	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	2823 HERON PLACE CLEARWATER, FL 34622
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D NEWVILLE, KURT 6242 3RD AVE S ST PETERSBURG FL	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	2823 HERON PLACE CLEARWATER, FL 34622
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 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: *Marillyn Newville* MARILLYN NEWVILLE 4/24/96 (813) 571-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)