

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **232200** (6)

1. Corporation Name
THE BODEN CO.

Principal Place of Business 10445 49TH ST N B CLEARWATER FL 34622 US	Mailing Address 10445 49TH STREET NORTH SUITE 8 CLEARWATER FL 34622-5027 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/15/1960	3a. Date of Last Report 04/29/1996
21		26		4. FEI Number 59-0907988	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NEWVILLE, DUANE 2823 HERON PLACE CLEARWATER FL 34622				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NEWVILLE, ERIC	1.2 NAME	
STREET ADDRESS	2823 HERON PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NEWVILLE, DUANE	2.2 NAME	
STREET ADDRESS	2823 HERON PL	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	NEWVILLE, MARILLYN	3.2 NAME	TD
STREET ADDRESS	2823 HERON PL	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	NEWVILLE, DENISE	4.2 NAME	SVD
STREET ADDRESS	2823 HERON PL	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	4.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NEWVILLE, WAYNE	5.2 NAME	
STREET ADDRESS	2823 HERON PL	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	5.4 CITY - ST - ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NEWVILLE, KURT	6.2 NAME	
STREET ADDRESS	2823 HERON PL	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	6.4 CITY - ST - ZIP	

14. I do 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: *Marillyn Newville* **MARILLYN NEWVILLE** 4/14/97 (813) 571-1234

CR2E034 (9/96)