

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90015 048 ***150.00

DOCUMENT # 583688

1. Corporation Name

BOS GROUP INCORPORATED

Principal Place of Business

**385 HWY 98 E. STE 60
DESTIN FL 32541**

Mailing Address

**385 HWY 98 E. STE 60
DESTIN FL 32541**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1978

4. FEI Number

59-1845671

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**MITCHELL W. LEGLER
ONE INDEPENDENT DR
SUITE 3104
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

MITCHELL W. LEGLER

82 Street Address (P.O. Box Number is Not Acceptable)

300A Wharfside Way

83

84 City

Jacksonville

FL

85 Zip Code

32207

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 607.0605, Florida Statutes.

SIGNATURE

Mitchell W. Legler

DATE

3/2/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPC**
STREET ADDRESS **BOS, PETER H**
CITY-ST-ZIP **385 HWY 98 E, STE 60
DESTIN FL**

TITLE ☐ DELETE

NAME **TV**
STREET ADDRESS **CLAUSON, GREG D**
CITY-ST-ZIP **385 HWY 98 E, STE 60
DESTIN FL**

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **PARKER, WENDY L.**
CITY-ST-ZIP **385 HWY 98 E, STE. 60
DESTIN FL**

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **BURKE, G**
CITY-ST-ZIP **385 HWY 98 E, STE 60
DESTIN FL 32541**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **V/T**
1.3 STREET ADDRESS **BUSFIELD, DAVID A.**
1.4 CITY-ST-ZIP **385 Highway 98E, Ste. 60
Destin, FL 32541**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V**
2.3 STREET ADDRESS **CLAUSON, GREG D.**
2.4 CITY-ST-ZIP **385 Hwy. 98E, Ste. 60
Destin, FL 32541**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Peter H. Bos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99
Date

(850) 654-6500
Daytime Phone #

CR2E034 (11/98)