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May 19, 1999 8:00 am
Secretary of State

05-19-1999 90001 003 ***750.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J23351

1. Corporation Name
BOSEK, GIBSON AND ASSOCIATES, INC.

Principal Place of Business C/O R. H. KESSEL 702 N. FRANKLIN ST. TAMPA FL 33602-4418 US	Mailing Address C/O R. H. KESSEL P.O. BOX 111 TAMPA FL 33602-4418 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O D. E. Schwartz Suite, Apt. #, etc. 22 702 N. Franklin St. City & State 23 Tampa, FL Zip 24 33602-4418	2a. Mailing Address 26 C/O D. E. Schwartz Suite, Apt. #, etc. 27 P.O. Box 111 City & State 28 Tampa, FL Zip 29 33601-0111	Country 25 U.S. Country 30 U.S.
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3. Date Incorporated or Qualified 07/10/1986	4. FEI Number 59-2744498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MCDEVITT, S.M.
702 N. FRANKLIN ST.
TAMPA FL 33602

10. Name and Address of New Registered Agent

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

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

TITLE	V	<input type="checkbox"/> DELETE
NAME	RALPH S. BOSEK	
STREET ADDRESS	702 N. FRANKLIN ST.	
CITY-ST-ZIP	TAMPA FL 33602-4418	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CANTRELL, W. N.	
STREET ADDRESS	702 N. FRANKLIN ST.	
CITY-ST-ZIP	TAMPA FL 33602-4418	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KESSEL, R. H.	
STREET ADDRESS	702 N. FRANKLIN ST.	
CITY-ST-ZIP	TAMPA FL 33602-4418	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GILLETTE, G. L.	
STREET ADDRESS	702 N. FRANKLIN ST.	
CITY-ST-ZIP	TAMPA FL 33602-4418	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OAK, A. D.	
STREET ADDRESS	702 N. FRANKLIN ST.	
CITY-ST-ZIP	TAMPA FL 33602-4418	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GIBSON, M. W.	
STREET ADDRESS	702 N. FRANKLIN ST.	
CITY-ST-ZIP	TAMPA FL 33602-4418	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S Schwartz, D. E.
3.3 STREET ADDRESS	702 N. Franklin St.
3.4 CITY-ST-ZIP	Tampa, FL 33602
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V Kilpatrick, S. M.
5.3 STREET ADDRESS	702 N. Franklin St.
5.4 CITY-ST-ZIP	Tampa, FL 33602
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *D. E. Schwartz* Schwartz, Secretary (813)228-1808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)