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AND
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95 APR 18 PM 10:07

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J96833 (5)

1. Corporation Name

**OCEANWAY BOOKKEEPING, INCOME TAX AND SECRETARIAL
SERVICE, INC.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**48 OCEANWAY BLVD
JACKSONVILLE FL 32218**

Mailing Address

**48 OCEANWAY BLVD
JACKSONVILLE FL 32218**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/08/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2848459

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75

Additional

Fee Required

6. Election Campaign Financing

\$5.00

Trust Fund Contribution

May Be

Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RENFROW, K.
48 OCEANWAY BLVD
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

81 Name
ETHEL H. BOSWELL

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

83
JACKSONVILLE, FL 32218

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PO
RENFROW, LORETTA K
48 OCEANWAY BLVD
JACKSONVILLE FL
AS OF OCT. 94
NO LONGER A
STOCKHOLDER**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
BOSWELL, ETHEL H.
9574 CARBONDALE DR., E.
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
JOCKERS, DOLORES S.
903 CEDAR BAY ROAD
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**PRESIDENT & DIRECTOR
ETHEL H. BOSWELL
48 OCEANWAY AVENUE
JACKSONVILLE, FL 32218**
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**SEC/TREAS & DIRECTOR
DOLORES S. SCOTT
48 OCEANWAY AVENUE
JACKSONVILLE, FL 32218**
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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)(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 address.

SIGNATURE:

Ethel H. Boswell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ETHEL H. BOSWELL, PRESIDENT

4/3/95

Date

(904) 757-41110

Office Phone #