

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000009082 (8)

1. Corporation Name

W.B.O.S., INC.



Principal Place of Business

109 OVERLEA WAY
VENICE FL 34292
US

Mailing Address

46 N WASHINGTON BLVD STE 1
SUITE 1
SARASOTA FL 34236
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/04/1992

3a. Date of Last Report

04/17/1995

4. FEI Number

65-0378310

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATTERSON, JOHN
SUITE 1
46 NORTH WASHINGTON BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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

(Signature typed or printed name of registered agent)

(Print Name of Agent's authorized representative)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	MCGIFFEN, JOHN W	
STREET ADDRESS	109 OVERLEA WAY	
CITY- ST- ZIP	VENICE FL	
TITLE	DP	☒ DELETE
NAME	LUPER, ALBERT R	
STREET ADDRESS	109 OVERLEA WAY	
CITY- ST- ZIP	VENICE FL	
TITLE	DVP	☐ DELETE
NAME	EDSEL, EDWARD E	
STREET ADDRESS	109 OVERLEA WAY	
CITY- ST- ZIP	VENICE FL	
TITLE	DS	☐ DELETE
NAME	SHIPPS, PETER	
STREET ADDRESS	109 OVERLEA WAY	
CITY- ST- ZIP	VENICE FL	
TITLE	DT	☐ DELETE
NAME	CHAMBERLAIN, FRED	
STREET ADDRESS	109 OVERLEA WAY	
CITY- ST- ZIP	VENICE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 or changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. MCGIFFEN, President

(941)

487-4786

Date

Daytime Phone #

CR2E034 (12/95)