

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 12 1998 8:00am  
Secretary of State

DOCUMENT # P92000009082 (8)

1. Corporation Name  
W.B.O.S., INC.



Principal Place of Business

109 OVERLEA WAY  
VENICE FL 34292  
US

Mailing Address

109 OVERLEA WAY  
VENICE FL 34292  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0379310	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent

PATTERSON, JOHN  
SUITE 1  
48 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	MCGIFFEN, JOHN W	1.2 NAME	
STREET ADDRESS	109 OVERLEA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	
NAME	EOSEL, EDWARD E	2.2 NAME	
STREET ADDRESS	109 OVERLEA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	SHIPPS, PETER	3.2 NAME	
STREET ADDRESS	109 OVERLEA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	CHAMBERLAIN, FRED	4.2 NAME	
STREET ADDRESS	109 OVERLEA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	VPAS	5.1 TITLE	
NAME	EGGLESTON, SUSAN E	5.2 NAME	
STREET ADDRESS	109 OVERLEA WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	VP/AS
NAME		6.2 NAME	BARBARA J. THOMAS
STREET ADDRESS		6.3 STREET ADDRESS	109 OVERLEA WAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	VENICE, FL 34292

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.

SIGNATURE: *Thomas J. Thomas* 4/28/98 941-497-4786

CR2E034 (10/97)