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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

P94000052360 (2)

DOCUMENT # P940

1. Corporation Name

BOSWELL ENTERPRISES, INC.



					_]	
Principal Place of Business Mailing Addre 48 IMPERIAL DR E PO BOX MULBERRY FL 33860 LAKELAN			7-6722			
					3. Date Incorporated or Qualified 07/11/1994	3a. Date of last Report 05/01/1995
2. Principa¹ Plac	e of Business	2a. Mairing Address			4. FEI Number 59-3259738	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Zip 29	Gountry 30			□No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	legistered Agent
			81	Name		
	ELL, JANICE A ERIAL DR E		82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)
	RRY FL 33860		83			
			84	City		FL 85 Zip Code
11 Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the above-	named corpor	ration submits this statement for the pu	rpose of changing its registered office
or registers	d agent, or both, in the State of Flor n, and accept the obligations of Sec	nda. Such change was author	ized by the corp	oranon's boa	ind by directors. Thereby accept the app	ointment as registered agent. I am
SIGNATURE (JANICE A BOS	WLLL SEC.	iofe Bagy of Aur	uce 6	2 Laswell	4/30/96
	granue. Noed or printed name of negistered ago. OFFICE US. AN	NO DIRECTORS	T43.	THE SAULE OF THE CONTROL OF THE CONT	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
12.	D	DELETE	1 1 TITLE			Change Addition
NAME	BOSWELL, RICHARD T		1.2 NAME			
STREET ADDRESS	48 IMPERIAL DR E		13 STREE	T ADDRESS		
CITY-S1-ZIP	MULBERRY FL 33860		1.4 CITY-	ST-ZIP		
TITLE	D	DELETE	2 1 1/1/18			Change Addition
NAME	BOSWELL, JANICE A		2.2 NAME			
STREET ADDRÉSS	48 IMPERIAL DR E		2.3 STREE	I ADDRESS		
CITY - S7 - ZIP	MULBERRY FL 33860		2.4 CITY -	S1 - ZIP		
TITLE	DOOMEN CLANTON C	□ DELETE	3 1 1111.6			Change Addition
NAME	BOSWELL, CLAYTON F		3.2 NAME			
STREET ADDRESS	48 IMPERIAL DR E MULBERRY FL 33860			ET ADDRESS		
CITY - ST - ZIP	MULDENNI TE SSOOV	C OF Fre	3 4 CITY			Change Addition
TITLE	BOSWELL, CARRLE L	DELETE	4 1 11/16			
NAME	48 IMPERIAL DR E		4.2 NAME			
STREET ADDRESS	MULBERRY FL 33860			1 ADDRESS		
CITY - S1 - ZIP	D	DELETE	4.4.0(TY) 5.1.1(1.0)			Change Addition
TITLE	BOSWELL, RICHARD S		5 2 NAME			<u> </u>
NAME	1005 W DOROTHY ST			ET ADDRESS		
STREET ADDRESS	LAKELAND FL 33801		5 4 CITY	į.		
CITY-ST-ZIP	0		6 1 1111			Change Addition
1	BOSWELL, DAVID G	<u> </u>	6.2 NAM			
NAME CTOCET ADDRESS	128 ARECA DRIVE			EL ADORESS		
STREET ADDRESS	MULLBERRY FL		6.4 CITY	1		
CITY - ST - ZIF	L				for the exemption stated in Section 1.19	9.07(3)(v) Florida Statutes I further

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 logal 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:

4/30/96 941-425-1878

CR2E034 (12/95)