FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000012278 (4)**

1. Corporation Name

BOFUS MARKETING ASSOCIATES, INC

Principal Place of Business	Mailing Address
2631 S. DAYTONA AVE. FLGLER BEACH FL 32136	P.O. BOX 189 FLGLER BEACH FL 32136

3. Date Incorporated or Qualified: 02/13/1995

3a. Date of Last Report:

2. Principal Place of Business
21 166 Ulysses Tr.
22 Suite Apt. #, etc.
23 City & State: Palm Coast
24 Zip: 32164 25 Country: USA

2a. Mailing Address
26 PO Box 189
27 Suite Apt. #, etc.
28 City & State: Flagler Beach
29 Zip: 32136 30 Country:

4. FEI Number: 59-3300226 ☐ 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

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

9. Name and Address of Current Registered Agent

JONES, CAROLINE D
2631 S. DAYTONA AVE.
FLGLER BEACH FL 32136

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 166 Ulysses TR
83
84 City: PALM COAST FL 85 Zip Code: 32164

11. Pursuant to the provisions of Sections 607.0505 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: N/A (Signature of New Registered Agent, if changed) (Date) 4/2/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTSD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	JONES, CAROLINE D		1.2 NAME		
STREET ADDRESS	2631 S. DAYTONA AVE, P.O. BOX 189		1.3 STREET ADDRESS	PO Box 189	
CITY-ST-ZIP	FLGLER BEACH FL 32136		1.4 CITY-ST-ZIP	Flagler Beach FL 32136	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JONES, JAMES		2.2 NAME		
STREET ADDRESS	2631 S. DAYTONA AVE, P.O. BOX 189		2.3 STREET ADDRESS	PO Box 189	
CITY-ST-ZIP	FLGLER BEACH FL 32136		2.4 CITY-ST-ZIP	Flagler Beach FL 32136	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Caroline Jones CAROLINE JONES, 4/2/96 904-437-1248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

PRESIDENT