

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

FILED

May 06 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P95000015672

1. Corporation Name

The Bosset Partners 001, Inc.

Principal Place of Business

Mailing Address

*1230 S. Myrtle Ave., Ste 401
Clearwater, FL 34616*

2. Principal Place of Business

2a. Mailing Address

21 *1365 Hamlet Ave* 26 *1365 Hamlet Ave*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 *Clearwater, FL*

28 *Clearwater, FL*

Zip

Country

Zip

Country

24 *34756*

25

29 *34756*

30

3. Date Incorporated or Qualified

3a. Date of Last Report

2/24/95

11/08/96

4. FEI Number

Applied For

59-3297999

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

*DAVID T. BOSSET
1230 S. Myrtle Ave, Ste 401
Clearwater, FL 34616*

81 Name

Eugene P. Castagliuolo

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

1365 Hamlet Avenue

83

84 City

Clearwater

FL

85 Zip Code

34756

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

Eugene P. Castagliuolo

Eugene P. Castagliuolo

4-29-97

(Signature of printed name of registered agent and title in duplicate)

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME *President*
STREET ADDRESS *DAVID T. BOSSET*
CITY-STATE-ZIP *1230 S. Myrtle Ave, Ste 401*
Clearwater FL 34616

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS *1365 Hamlet Avenue*
1.4 CITY-STATE-ZIP *Clearwater, FL 34756*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME *Secretary/Treasurer*
2.3 STREET ADDRESS *Sandra J. Bosset*
2.4 CITY-STATE-ZIP *1365 Hamlet Avenue*
Clearwater, FL 34756

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME *ASSISTANT SECRETARY*
3.3 STREET ADDRESS *ROY D. QUINN*
3.4 CITY-STATE-ZIP *1365 HAMLET AVENUE*
CLEARWATER, FL 34756

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS *100002178651*
6.4 CITY-STATE-ZIP *-05/14/97--01102--001*
****165.00*

14. I do 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 in an attachment with an address.

SIGNATURE:

Roy D. Quinn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy D. Quinn

4-29-97 813-298-0064

Date

Daytime Phone #

CR2E034 (9/96)