

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000050119 (3)

1. Corporation Name

THE BOSSET PARTNERS MARKETING INC.

Principal Place of Business

1365 HAMLET AVENUE  
CLEARWATER FL 34756

Mailing Address

1365 HAMLET AVENUE  
CLEARWATER FL 34756

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1995

4. FEI Number

59-3321407

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 1416 ARIES LANE

Suite, Apt. #, etc.

22

City & State

23 CLEARWATER FL

Zip

24 33755

Country

25 P. DELLAS

2a. Mailing Address

26 P.O. Box 5690

Suite, Apt. #, etc.

27

City & State

28 CLEARWATER FL

Zip

29 33758

Country

30 P. DELLAS

9. Name and Address of Current Registered Agent

BOSSET, DAVID T  
1365 HAMLET AVENUE  
CLEARWATER FL 34756

10. Name and Address of New Registered Agent

81 Name

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

1416 ARIES LANE

83

84 City

CLEARWATER

FL

85 Zip Code

33755

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-30-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BOSSET, DAVID T  
STREET ADDRESS 1230 S. MYRTLE AVENUE SUITE 401  
CITY-ST-ZIP CLEARWATER FL 34616

TITLE ☒ DELETE

NAME QUINN, ROY D  
STREET ADDRESS 1365 HAMLET AVENUE  
CITY-ST-ZIP CLEARWATER FL 34756

TITLE ☒ DELETE

NAME WHEATON, JULIA  
STREET ADDRESS 1365 HAMLET AVENUE  
CITY-ST-ZIP CLEARWATER FL 34756

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1416 ARIES LANE  
1.4 CITY-ST-ZIP CLEARWATER FL 33755

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 affidavit with an address.

*[Signature]*  
DAVID BOSSET

4-30-98

812-298-0064

CR2E034 (10/97)