

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jun 20 1997 8:00am  
Secretary of State

DOCUMENT # P95000071326 (9)

1. Corporation Name  
BOSELLI MARKETING, INC.



Principal Place of Business  
% MAHONEY ADAMS & CRISE, P.A.  
P.O. BOX 4099  
JACKSONVILLE FL 32201

Mailing Address  
% MAHONEY ADAMS & CRISE, P.A.  
P.O. BOX 4099  
JACKSONVILLE FL 32201-4099

2. Principal Place of Business

21 c/o Mahoney Adams & Criser, P.A.

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified  
09/15/1995

3a. Date of Last Report  
07/26/1996

4. FEI Number  
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

RAX CO.  
% MAHONEY ADAMS & CRISER, P.A.  
50 N. LAURA ST. 3400 BARNETT CENTER  
JACKSONVILLE FL

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BOSELLI, DON A  
STREET ADDRESS % P.O. BOX 4099  
CITY-ST-ZIP JACKSONVILLE FL-32201 -

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D/P/S  
12 NAME Don A. Boselli, Jr.  
13 STREET ADDRESS 24701 Harbour View  
14 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

100002219871  
-06/23/97--01099--022  
\*\*\*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 on an attachment with an address.

SIGNATURE: Don A. Boselli, Jr. 14-97 (904) 273-6991

CR2E034 (9/96)