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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000017506 (2)

BOSWELL ACCOUNTING SERVICE INCORPORATED

Principal Place of Business Mailing Address 322 CLOVERDALE BLVD. 322 CLOVERDALE BLVD. FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32578 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3363554 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Ζip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 25 30 24 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PLAYER, PANKEY H 322 CLOVERDALE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BEACH FL 32547 83 84 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 Sych change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of Statutes.

3-2-98

SIGNATURE

3-2-98 SIGNATURE TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TOLE Change Addition PLAYER, PANKEY H NAME 1.2 NAME 322 CLOVERDALE BLVD. 1.3 STREET ADDRESS STREET ADORESS FT. WALTON BEACH FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE PLAYER, JOHN W NAME 2.2 NAME 322 CLOVERDALE BLVD STREET ADDRESS 2.3 STREET ADDRESS FT WALTON BCH FL 08 CITY-ST-7IP 2.4 CITY-ST-ZIP Addition DELETE 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELE 1E Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 T∂TL€ 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged it, or on an attachment with an address.

SIGNATURE:

3-2-98

FILED

Mar 10 1998 8:00am

Secretary of State