

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90132 013 ***150.00

DOCUMENT # P98000089264

1. Corporation Name
PRODUCT SOURCE, INC.



Principal Place of Business
4134 GULF OF MEXICO DR.,STE.302
LONGBOAT KEY FL 34228

Mailing Address
4134 GULF OF MEXICO DR.,STE.302
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1998

4. FEI Number

☒ 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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLL, JOHN
4134 GULF OF MEXICO DR.,STE.302
LONGBOAT KEY FL 34228

81 Name BOLL, JOHN L. SR.

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

1273 N. SEAGULL PT.

83 BLD. #155

84 City CRYSTAL RIVER FL

85 Zip Code 34429

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 BOLL, JOHN L. SR.

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

(NOTE: Registered Agent signature required when reinstating)

1-28-99 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME BOLL, JOHN
STREET ADDRESS 4134 GULF OF MEXICO DR.,STE.302
CITY-ST-ZIP LONGBOAT KEY FL 34228

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P BOLL, JOHN L. SR.
1273 N. SEAGULL PT.
CRYSTAL RIVER, FL. 34429

TITLE D
NAME HIGHTON, ROGER
STREET ADDRESS 4134 GULF OF MEXICO DR.,STE.302
CITY-ST-ZIP LONGBOAT KEY FL 34228

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME GRUEBEL, JOERG
STREET ADDRESS 4134 GULF OF MEXICO DR.,STE.302
CITY-ST-ZIP LONGBOAT KEY FL 34228

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME BOLL, AUDERE
STREET ADDRESS 4134 GULF OF MEXICO DR.,STE.302
CITY-ST-ZIP LONGBOAT KEY FL 34228

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

V BOLL, AUDERE
1273 N. SEAGULL PT.
CRYSTAL RIVER, FL. 34429

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 attachment with an address, with another like empowered.

SIGNATURE: John L. BOLL SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-99 5630656

CR2E034 (11/98)