FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnan-ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** BOYD INSURANCE AGENCY, INC. Principal Place of Business Maling Address 410 43RD ST W % JAMES E. BOYD STF J POST OFFICE BOX 1749 **BRADENTON FL 34209 BRADENTON FL 34206** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/21/1986 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2741565 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zιρ Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOYD, JAMES E. 82 Street Address (P.O. Box Number is Not Acceptable) 410 43RD STREET WEST SUITE J 83 **BRADENTON FL 34209** 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and the diagram atta-(NDTE: Registered Agent signature required wher remistating) OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **CEO** DELETE 1.1 TIELE Change ☐ Addition BOYD, JAMES E. 1.2 NAME STREET ADDRESS 410 WEST 43RD ST, STE J 1.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2 1 TITLE Change Addition OSBURN, L. PAT 2.2 NAME STREET ADDRESS 410 WEST 43RD STREET, STE J 2.3 STREET ADDRESS BRADENTON FL CITY-ST-ZIP 24 CITY - ST - ZIP DELETE 3 1 THILE ☐ Change ☐ Addition BOYD, JAMES E. 3.2 NAME STREET ADDRESS 410 WEST 43RD STREET, STE J 3.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 3.4 CiTY - \$1 - ZiP DELETE 4 'THEF ☐ Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST- 7IP [] DELETE 5 1 TITLE ☐ Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(TY - ST - 7)P DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if chanced—or on an attachment with an indicres.

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 2IP

SIGNATURE:

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TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED O RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 941-745-8300

Change

Addition