

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J43612** (7)
1. Corporation Name
BOYD INSURANCE AGENCY, INC.



Principal Place of Business 410 43RD ST W STE J BRADENTON FL 34209 US	Mailing Address % JAMES E. BOYD POST OFFICE BOX 1749 BRADENTON FL 34206
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 11/21/1986	
4. FEI Number 59-2741565		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		7. \$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	

9. Name and Address of Current Registered Agent BOYD, JAMES E. 410 43RD STREET WEST SUITE J BRADENTON FL 34209				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO ☐ DELETE	1.1 TITLE	CHAIRMAN OF THE BOARD ☒ Change ☐ Addition
NAME	BOYD, JAMES E.	1.2 NAME	BOYD, JAMES E.
STREET ADDRESS	410 WEST 43RD ST, STE J	1.3 STREET ADDRESS	410 43RD ST. W., SUITE J
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRADENTON, FL
TITLE	D ☐ DELETE	2.1 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	OSBURN, L. PAT	2.2 NAME	OSBURN, L. PAT
STREET ADDRESS	410 WEST 43RD STREET, STE J	2.3 STREET ADDRESS	410 43RD ST. W., SUITE J
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON, FL
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOYD, JAMES E.	3.2 NAME	
STREET ADDRESS	410 WEST 43RD STREET, STE J	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____

1/21/98 941-745-8300

CR2E034 (10/97)