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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **304036** **(7)**

1. Corporation Name
ROGER BOUCHARD INSURANCE, INC.

Principal Place of Business
101 STARCREST DRIVE
CLEARWATER FL 34625
US

Mailing Address
POST OFFICE BOX 6090
CLEARWATER FL 34618-6090
US

3. Date Incorporated or Qualified: 04/11/1966	3a. Date of Last Report: 02/20/1996
4. FEI Number: 59-1117778	☐ 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	

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

9. **Name and Address of Current Registered Agent**

BOUCHARD, RICHARD E
1350 SAGO CT
DUNEDIN FL 34698

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

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARUOLO, GARY S		1.2 NAME	
STREET ADDRESS	1026 IDLEWILD DR N		1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, DELORES B		2.2 NAME	
STREET ADDRESS	30 TURNER ST #708		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOUCHARD, TIM A.		3.2 NAME	
STREET ADDRESS	977 PT SEASIDE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL BCH FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BOUCHARD, J. RAYMOND		4.2 NAME	
STREET ADDRESS	1610 COUNTRY LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HAMBY, MICHAEL D.		5.2 NAME	
STREET ADDRESS	2098 ASHBURY DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☒ Addition VD
NAME			6.2 NAME	MCCLUNG, MARIE B.
STREET ADDRESS			6.3 STREET ADDRESS	1742 HICKORY GATE DR S, DUNEDIN FL 34698
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Gary Caruolo GARY CARUOLO 813-447-6481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #