

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

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 304036 (7)**  
 1. Corporation Name  
**ROGER BOUCHARD INSURANCE, INC.**



Principal Place of Business <b>101 STARCREST DRIVE                  CLEARWATER FL 34605                  US</b>	Mailing Address <b>POST OFFICE BOX 6090                  CLEARWATER FL 34616-0090                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip <b>33765</b>	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip <b>33758</b>
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3. Date Incorporated or Qualified <b>04/11/1966</b>	4. FEI Number <b>59-1117778</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>CARUOLO, GARY S</b>	
STREET ADDRESS	<b>1026 IDLEWILD DR N</b>	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>MOORE, DELORES B</b>	
STREET ADDRESS	<b>30 TURNER ST #708</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>BOUCHARD, TIM A.</b>	
STREET ADDRESS	<b>977 PT SEASIDE DR</b>	
CITY-ST-ZIP	<b>CRYSTAL BCH FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>BOUCHARD, J. RAYMOND</b>	
STREET ADDRESS	<b>1810 COUNTRY LANE</b>	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>HAMBY, MICHAEL D.</b>	
STREET ADDRESS	<b>2088 ASHBURY DR</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>MCCLUNG, MARIE B</b>	
STREET ADDRESS	<b>1742 HICKORY GATE DRIVE SOUTH</b>	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Gary Caruolo **GARY CARUOLO** 2-11-98 447-6481

CP2E034 (10/97)