

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **550979** (9)

1. Corporation Name

**BOB O'NEILL INSURANCE AGENCY, INC.**



Principal Place of Business

**2711 MOSS OAK DRIVE  
SARASOTA FL 34231**

Mailing Address

**2711 MOSS OAK DRIVE  
SARASOTA FL 34231**

3. Date Incorporated or Qualified  
**11/08/1977**

3a. Date of Last Report  
**02/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**59-1779322**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'NEILL, ROBERT J.  
2711 MOSS OAK DR.  
SARASOTA FL 34231**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D FLYNN, VIRGINIA O**  
STREET ADDRESS **109 GODSPEED LANE**  
CITY-STATE-ZIP **WILLIAMSBURG VA**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D WIELGORECKI, MARTHA JEAN**  
STREET ADDRESS **1923 WISTERIA ST.**  
CITY-STATE-ZIP **SARASOTA FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME **DV O'NEILL, RUTH L**  
STREET ADDRESS **2711 MOSS OAK DRIVE**  
CITY-STATE-ZIP **SARASOTA FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME **ST KENDALL, LUCILLE M**  
STREET ADDRESS **2625 MOSS OAK DR.**  
CITY-STATE-ZIP **SARASOTA FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME **PD O'NEILL, ROBERT J**  
STREET ADDRESS **2711 MOSS OAK DRIVE**  
CITY-STATE-ZIP **SARASOTA FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME **D TRACEY, KATHERINE O**  
STREET ADDRESS **2218 PINEVIEW CIR**  
CITY-STATE-ZIP **SARASOTA FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**P. O. Box 10903  
Naples, FL 33941**

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 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: *Robert J. O'Neill*

(Robert J. O'Neill, Pres) 1/17/96 813-923-9370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)