

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # F19879 (8)

1. Corporation Name

BILL BORDEN INSURANCE AGENCY, INC.



Principal Place of Business

% WILLIAM W BORDEN
1469 COLONIAL BLVD. STE 2
FORT MYERS FL 33907

Mailing Address

% WILLIAM W BORDEN
1469 COLONIAL BLVD. STE 2
FORT MYERS FL 33907

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State

23 Zip
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State

28 Zip
29 Country

9. Name and Address of Current Registered Agent

BORDEN, WILLIAM W
1469 COLONIAL BLVD, SUITE 2
FORT MYERS FL 33907

3. Date Incorporated or Qualified
02/16/1981

3a. Date of Last Report
01/30/1995

4. FEI Number
59-2066629

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

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 607.1504, Florida Statutes, the above named corporation's boards 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 607.0504, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BORDEN, WILLIAM W	
STREET ADDRESS	1469 COLONIAL BLVD	
CITY, ST, ZIP	FT MYERS FL 33907	
TITLE	S	☐ DELETE
NAME	BORDEN, CHRISTINA	
STREET ADDRESS	1469 COLONIAL BLVD	
CITY, ST, ZIP	FT. MYERS, FL. 33907	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

941-9392112

CR2E034 (12/95)