

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F56754 (7)

1. Corporation Name

ELAINE H. BOHN INSURANCE AGENCY, INC.

Principal Place of Business

1012 6TH AVE., NORTH
JACKSONVILLE BEACH FL 32250-3514

Mailing Address

1012 6TH AVE., NORTH
JACKSONVILLE BEACH FL 32250-3514

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/02/1981

3a. Date of Last Report

03/24/1994

4. FEI Number

59-2183181

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

BUSCHMAN, ALBERT E. JR.
2215 S. 3RD ST. SUITE 101
JACKSONVILLE FL 32250

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 third party, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BOHN, ELAINE H.
STREET ADDRESS	1012 6TH AVENUE NORTH
CITY - ST - ZIP	JACKSONVILLE BCH FL
TITLE	VD
NAME	BOHN, ELAINE H.
STREET ADDRESS	1012 6TH AVENUE NORTH
CITY - ST - ZIP	JACKSONVILLE BCH FL
TITLE	D
NAME	HAUSNER, RALPH O.
STREET ADDRESS	4600 MIDDLETON PARK CIR. E., B704
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a checkmark.

SIGNATURE:

Elaine H. Bohn
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
ELAINE H. BOHN

3/2/95

904 346 2858