

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 # 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

3. Date Incorporated or Qualified
12/02/1981

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 26 599 ATLANTIC BLVD

4. FEI Number

59-2183181

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

ATLANTIC BEACH, FL

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

23 Zip Country

28 Zip Country

32233

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
David K. Hatten

82 Street Address (P.O. Box Number is Not Acceptable)
599 Atlantic Blvd., Suite 1

84 City
Atlantic Beach

85 Zip Code
FL 32233

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 *David K. Hatten* DAVID K. HATTEN, CPA

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 PST
NAME BOHN, ELAINE H.
STREET ADDRESS 1012 6TH AVENUE NORTH
CITY-ST-ZIP JACKSONVILLE BCH FL ☐ DELETE

TITLE VD
NAME BOHN, ELAINE H.
STREET ADDRESS 1012 6TH AVENUE NORTH
CITY-ST-ZIP JACKSONVILLE BCH FL ☐ DELETE

TITLE D
NAME HAUSNER, RALPH O.
STREET ADDRESS 4600 MIDDLETON PARK CIR. E., B704
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elaine H. Bohn* Elaine H. Bohn 3/27/96 905 246 2858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)