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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

599 ATLANTIC BLVD
#1
ATLANTIC BEACH FL 32233-4003
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1112 THIRD ST

Suite, Apt. #, etc.

27 SUITE # 7

City & State

28 NEPTUNE BEACH, FL

Zip

29

32266

Country

30 USA

3. Date Incorporated or Qualified

12/02/1981

3a. Date of Last Report

04/19/1996

4. FEI Number

59-2183181

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

DAVID K. HATTEN
599 ATLANTIC BLVD SUITE 1
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name CAROL FREDERES-KJAR

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

1112 THIRD ST # 7

83

84 City

NEPTUNE BEACH

FL

85 Zip Code

32266

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

CAROL FREDERES-KJAR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/97

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELAINE H. BOHN

1/21/97 (905) 246-2868

CR2E034 (9/96)