SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUN 20 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001154374
-062595-11119-002
****225.00 ****225.00

DOCUMENT # **F93000001278 (1)**

1. Corporation Name

INGERSOLL/BOSSE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
24 CATHEDRAL PLACE SUITE 608 ST. AUGUSTINE FL 32084 US	24 CATHEDRAL PLACE SUITE 608 ST. AUGUSTINE FL 32084 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/09/1993	08/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
24	25 Country
29	30 Country

4. FEI Number: 86-0568892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$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

BOSSE, BLAYNE
2324 EAGLES NEST ROAD
JACKSONVILLE FL 32246

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 Section(s) 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: [illegible] (Date)

12. OFFICERS AND DIRECTORS		13. [illegible]	
11 TITLE	PT	11 TITLE	Pres/Treas ☒ Change ☐ Addition
12 NAME	INGERSOLL, SCOTT T	12 NAME	Scott Ingersoll
13 STREET ADDRESS	2754 AGNA FRIA, STEC	13 STREET ADDRESS	Cathedral Place, Suite 608 501
14 CITY ST ZIP	SANTA FE NM 87501	14 CITY ST ZIP	St. Augustine, Fl 32084
21 TITLE	VPS	21 TITLE	☒ Change ☐ Addition
22 NAME	BOSSE, BLAYNE G	22 NAME	Blayne Bosse, Vice Pres/Sec
23 STREET ADDRESS	2324 EAGLES NEST ROAD	23 STREET ADDRESS	704 Black Oak Ct.
24 CITY ST ZIP	JACKSONVILLE FL 32246	24 CITY ST ZIP	St. Augustine, FL 32086
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

AT 1/20

CR2E034 (3/95)

14. I 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)(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 and force as 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 above, or on an attachment with an additional

SIGNATURE: X Blayne Bosse - Vice Pres/Sec (Blayne Bosse) VPS (904)829-5332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0000808 CP