

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90168 016 \*\*\*150.00

DOCUMENT # F93000001278

1. Corporation Name

INGERSOLL/BOSSE ASSOCIATES, INC.



Principal Place of Business

Mailing Address

24 CATHEDRAL PLACE  
SUITE 501  
ST AUGUSTINE FL 32084  
US

24 CATHEDRAL PLACE  
SUITE 501  
ST AUGUSTINE FL 32084  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1993

4. FEI Number

86-0568892

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 704 Black Oak Ct.  
Suite, Apt. #, etc.

26 704 Black Oak Ct.  
Suite, Apt. #, etc.

22 City & State  
23 St. Augustine Florida  
24 32086 25 US

27 City & State  
28 St. Augustine Florida  
29 32086 30 US

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

Blayne Bosse

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

704 Black Oak Ct.

83

84 City St. Augustine

FL

85 Zip Code 32086

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

Blayne Bosse, Vice Pres

BLAYNE BOSSE, VICE PRES

4/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE  
NAME INGERSOLL, SCOTT  
STREET ADDRESS CATHEDRAL PLACE, SUITE 501  
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE VPS ☐ DELETE  
NAME BOSSE, BLAYNE  
STREET ADDRESS 704 BLACK OAK CT. (correct) NOTE - I crossed this in and - it is correct.  
CITY-ST-ZIP ST AUGUSTINE FL 32086

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 Ingersoll, Scott  
1.3 STREET ADDRESS 413 Desert Poppy Drive  
1.4 CITY-ST-ZIP Sedona AZ 86336

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blayne Bosse, Vice Pres

4/15/99

Date

904-829-5332

Daytime Phone #

07 377-0558

CR2E034 (11/98)