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Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001414 (9)

1. Corporation Name

BUNKER HILL INSURANCE AGENCY, INC.

Principal Place of Business

9821 KAY FWY  
STE 850  
HOUSTON TX 77024-1206  
US

Mailing Address

9821 KATY FWY  
STE 850  
HOUSTON TX 77024-1206  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

76-0165558

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
OSTER, SHELDON I  
9821 KATY FWY, STE 850  
HOUSTON TX

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
THOMAS, RAYMOND L  
9821 KAY FWY, STE 850  
HOUSTON TX

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EV  
POSTON, PAUL E  
9821 KATY FWY, STE 850  
HOUSTON TX

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
THOMAS, GARY R  
9821 KATY FWY, STE 850  
HOUSTON TX

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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.

SIGNATURE: *Sheldon I. Oster* Sheldon I. Oster

3-30-98

713-935-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0516867

CR2E034 (10/97)