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Jan 16 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 # **G47401** **(6)**

1. Corporation Name
BOWDITCH INSURANCE CORPORATION

Principal Place of Business	Mailing Address
4811 BCH BLVD STE 105 JACKSONVILLE FL 32207-4867	4811 BCH BLVD STE 105 JACKSONVILLE FL 32207-4867

3. Date Incorporated or Qualified: 07/06/1983
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business
21: 101 Century 21 Drive
22 Suite, Apt. #, etc: 200
23 City & State: Jacksonville, FL
24 Zip: 32216 25 Country: USA

2a. Mailing Address
26: P.O. Box 16409
27 Suite, Apt. #, etc:
28 City & State: Jacksonville, FL
29 Zip: 32245 30 Country: USA

4. FEI Number: 59-2305660 ☐ 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

BOWDITCH, RAYNOR E
4811 BCH BLVD STE 105
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 101 Century 21 Drive
83: Suite 200
84 City: Jacksonville FL 85 Zip Code: 32216

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOWDITCH, RAYNOR E		1.2 NAME		
STREET ADDRESS	7949 QUAILWOOD DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	SIMPSON, JUANITA W.		2.2 NAME		
STREET ADDRESS	4811 BEACH BLVD. STE 105		2.3 STREET ADDRESS	3879 Mission Hills Dr. E.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	V	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	PEDOULAS, JAMES		3.2 NAME		
STREET ADDRESS	4811 BCH BLVD STE 105		3.3 STREET ADDRESS	2945 Forest Oaks Drive	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	V	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	BLACK, JAMES A		4.2 NAME		
STREET ADDRESS	4811 BEACH BLVD, STE 105		4.3 STREET ADDRESS	6758 Madrid Avenue	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE		☐ DELETE	5.1 TITLE	Vice President	☐ Change ☑ Addition
NAME			5.2 NAME	James S. Price	
STREET ADDRESS			5.3 STREET ADDRESS	323 Scenic Point Lane	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Juanita W. Simpson 1/10/97 904-865-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031511