

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L53560**

(3)

1. Corporation Name

BOB CASEY AGENCY, INC.

Principal Place of Business

**17595 S TAMiami TRAIL
FT MYERS FL 33908**

Mailing Address

**17595 S TAMiami TRAIL
FT MYERS FL 33908**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CASEY, ROBERT J
6453 PARK ROAD
FT MYERS FL 33908**

3. Date Incorporated or Qualified

02/28/1990

3a. Date of Last Report

04/20/1995

4. FLE Number

59-3057536

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

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 607.1501, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of person appointed as the new agent or officer or director

Signature of the person appointed as the new agent or director

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PST
CASEY, ROBERT J.
6453 PARK ROAD
FT MYERS FL**

☐ DELETE

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
CASEY, ROBERT J.
6453 PARK ROAD
FT MYERS FL**

☐ DELETE

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, true and correct, and that I am an officer or director of the corporation and have authorized the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or as an alternate with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (12/95)