

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT,
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # L97354 (9)
1. Corporation Name
ARMSTRONG AND BOSH INSURANCE AGENCY INC.



Principal Place of Business Mailing Address
**5454 NORMANDY BLVD
JACKSONVILLE FL 32205
US**

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

3. Date Incorporated or Qualified **09/04/1990** 3a. Date of Last Report **05/01/1995**
4. FET Number **59-3034798** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**
8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BURGSTINER, OPAL MAE
7764-14 NORMANDY VILLAGE PKWY
JACKSONVILLE FL 32221**

10. Name and Address of New Registered Agent

81 Name **Steven E Bosh**
82 Street Address (P.O. Box Number is Not Acceptable)
5454 Normandy Blvd
83
84 City **Jacksonville** FL 85 Zip Code **32205**

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 *Steven Earl Bosh*

Signature of person named in Block 9, New Agent, and Block 12, New Agent

(If the Registered Agent Signature is required when filing this report)

6/5/96

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	BURGSTINER, OPAL ARMSTRONG	
STREET ADDRESS	4305 CHARLESTON LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☐ DELETE
NAME	BOSH, CECILE JOAN	
STREET ADDRESS	4239 SHIRLEY AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	BURGSTINER, BRUCE J	
STREET ADDRESS	4305 CHARLESTON LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	BOSH, STEVEN EARL	
STREET ADDRESS	4239 SHIRLEY AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
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

11 TITLE	Director	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	President	☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven Earl Bosh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96 **904-783-3388**

CR2E034 (3/96)