FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 15, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000036118 (4)**

1. Corporation Name
JAX CITY INSURANCE GROUP, INC.

Principal Place of Business
623 MATTERHORN ROAD
JACKSONVILLE FL 32216

Mailing Address
623 MATTERHORN ROAD
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: **05/04/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 10230 Atlantic Blvd
Street Address
22 Ste 3
City & State
23 Jax FL
Zip
24 32225
25 Duval

2a. Mailing Address
26 Same
Street Address
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59 3310722 ☐ 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

BOECHAT, RICHARD A
623 MATTERHORN ROAD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Same
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 607.1505, 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 607.325, Florida Statutes.

SIGNATURE: (Registered Agent Signature required for this item) DATE

12. OFFICERS AND DIRECTORS

31 TITLE	D	☐ DELETE
32 NAME	BOECHAT, RICHARD A	
33 STREET ADDRESS	623 MATTERHORN ROAD	
34 CITY ST ZIP	JACKSONVILLE FL 32216	
35 TITLE		☐ DELETE
36 NAME		
37 STREET ADDRESS		
38 CITY ST ZIP		
39 TITLE		☐ DELETE
40 NAME		
41 STREET ADDRESS		
42 CITY ST ZIP		
43 TITLE		☐ DELETE
44 NAME		
45 STREET ADDRESS		
46 CITY ST ZIP		
47 TITLE		☐ DELETE
48 NAME		
49 STREET ADDRESS		
50 CITY ST ZIP		
51 TITLE		☐ DELETE
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY ST ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY ST ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY ST ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY ST ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		

14. I hereby certify that the information supplied with this filing is true, complete and accurate. 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 added to this report.

SIGNATURE: Richard A. Boechat 2-12-96 (904) 721-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)