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May 05 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 # P96000028334 (6)

1. Corporation Name
FLORIDA AUTO INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

2106 PRINCETON ST
SUITE A
SARASOTA FL 34237

2106 PRINCETON ST
SUITE A
SARASOTA FL 34237-3435

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

BOGUSZ, TED G
6509 WATERFORD CIR
SARASOTA FL 34238

3. Date Incorporated or Qualified

3a. Date of Last Report

03/29/1996

4. FEI Number

Applied For

65-0654089

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 607.1508, 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 D ☐ DELETE
NAME BOGUSZ, TED G
STREET ADDRESS 6509 WATERFORD CIR
CITY-ST-ZIP SARASOTA FL 34238

TITLE D ☒ DELETE
NAME BOGUSZ, ANNETTE M
STREET ADDRESS 6509 WATERFORD CIR
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME Schott, Thomas
1.3 STREET ADDRESS 980 South Allendale Avenue
1.4 CITY-ST-ZIP Sarasota FL 34237

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Clark, Lisa R
2.3 STREET ADDRESS 4911 Houle
2.4 CITY-ST-ZIP Sarasota FL 34232

3.1 TITLE ST ☐ Change ☒ Addition
3.2 NAME Jakusovas, Michael F
3.3 STREET ADDRESS 1651 Waldemere Street
3.4 CITY-ST-ZIP Sarasota FL 34239

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME Bogusz, Ted G
4.3 STREET ADDRESS 6509 Waterford Cir
4.4 CITY-ST-ZIP Sarasota FL 34238

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Karl Bogusz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Date

941-365-2900

Daytime Phone #

CR2E034 (9/96)