FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91847 031 ***150.00

DOCUMENT # S68883

1. Entity Name
Higdon-Boswell Insurance, Inc

DO NOT WRITE IN THIS SPACE

90129418

2. Principal Place of Business	3. Mailing Address
~~630 Eglin Pkwy~~	~~630 Eglin Pkwy~~
Suite, Apt. #, etc. 234 LaFitte Cres.	Suite, Apt. #, etc. 234 LaFitte Cres.
City & State: Fort Walton Beach, FL	City & State: Ft. Walton Beach, FL
Zip 32547 Country USA	Zip 32547 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3089999 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: William Troxell
Street Address (P.O. Box Number is Not Acceptable): ~~237 LaFitte Crescent~~ 234 LaFitte Cres.
City: Fort Walton Bch FL Zip Code 32547

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	William E. Troxell	NAME	
STREET ADDRESS	237 LaFitte Crescent	STREET ADDRESS	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	James B Boswell	NAME	
STREET ADDRESS	716 Kelly Street	STREET ADDRESS	
CITY-ST-ZIP	Destin, FL 32541	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: William E. Troxell 4-30-03 863-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (10/02)