

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996-1596

B- 3526

C

DOCUMENT # V31062

(5)

1. Corporation Name

J.B. INSURANCE AGENCY, INC.

Principal Place of Business

1815 SOUTH OSPREY AVENUE
SARASOTA FL 34239
US

Mailing Address

7706 WESTMORELAND DRIVE
SARASOTA FL 34243
US



2. Principal Place of Business

2a. Mailing Address

21 7706 Westmoreland Dr

26

22 Suite Apt #, etc.

27 Suite Apt #, etc.

23 City & State

28 City & State

24 SARASOTA FL

29 Zip

25 34243

30 Country

26 USA

31

9. Name and Address of Current Registered Agent

BROWN, JOHN D.
1815 SOUTH OSPREY AVENUE
SARASOTA FL 34239

3. Date Incorporated or Qualified
04/22/1992

3a. Date of Last Report
04/25/1995

4. FID Number
65-0332218

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 JOHN D BROWN

82 Street Address 7706 Westmoreland Dr

83

84

City SARASOTA

FL

85 Zip Code 34243

11. Pursuant to the provisions of Sections 607.0602 and 607.0604, 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 agree to the provisions of Sections 607.0602 and 607.0604, Florida Statutes.

SIGNATURE JOHN D. BROWN - President

4/9/96

12. OFFICERS AND DIRECTORS

1. TITLE
NAME BROWN, JOHN D.
STREET ADDRESS 1815 SOUTH OSPREY AVENUE
CITY, ST, ZIP SARASOTA FL

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

4. TITLE
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6. TITLE
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CITY, ST, ZIP

☐ DELETE

7. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

SIGNATURE: JOHN D. BROWN President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-96 (94) 359-1957

CR2E034 (12/95)