

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 29 PM 6:41**

**DOCUMENT # 180952 (4)**

1. Corporation Name

**VANDROFF INSURANCE AGENCY, INC.**

Principal Place of Business

**4215 SOUTHPOINT BLVD STE 100-  
JACKSONVILLE FL 32216**

Mailing Address

**4215 SOUTHPOINT BLVD STE 100  
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/07/1954** 3a. Date of Last Report **04/27/1994**

4. FCI Number **59-0728576** 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

2. Principal Place of Business

21 **6900 Southpoint Dr. N.**

Suite, Apt. #, etc

22 **Suite #400**

City & State

23 **Jacksonville, FL**

Zip

24 **32216**

Country

2a. Mailing Address

26 **6900 Southpoint Dr. N.**

Suite, Apt. #, etc.

27 **Suite #400**

City & State

28 **Jacksonville, FL**

Zip

29 **32216**

Country

30

9. Name and Address of Current Registered Agent

**ANSBCHER, LEWIS  
4215 SOUTHPOINT BLVD STE 100  
JACKSONVILLE FL 32216**

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 must be printed below of registered agent and filed if applicable)

(NOTE: Registered Agent signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VSD**  
NAME **VANDROFF, STANLEY (ASST)**  
STREET ADDRESS **6900 SOUTHPOINT DR.N#400**  
CITY ST ZIP **JACKSONVILLE FL**

TITLE **PD**  
NAME **VANDROFF, ARNOLD E.**  
STREET ADDRESS **6900 SOUTHPOINT DR.N#400**  
CITY ST ZIP **JACKSONVILLE FL**

TITLE **STD**  
NAME **VANDROFF, PHYLLIS**  
STREET ADDRESS **6900 SOUTHPOINT DR.N#400**  
CITY ST ZIP **JACKSONVILLE FL**

TITLE **V**  
NAME **VANDROFF, DAVID**  
STREET ADDRESS **6900 SOUTHPOINT DR.N#400**  
CITY ST ZIP **JACKSONVILLE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  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  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 noted in Section 110.07(3)(b), 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 meeting 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 as an attachment with an address.

SIGNATURE:

*(Signature)*  
SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR  
**Arnold E. Vandroff, President**

*(Date)*  
**3/10/95**  
*(Phone Number)*  
**904-246-3390**