

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 12 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #180952**

1. Corporation Name

VANDROFF INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

4215 SOUTHPOINT BLVD. STE 400  
JACKSONVILLE, FL 32216

4215 SOUTHPOINT BLVD. STE 400  
JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/07/1954	3a. Date of Last Report 3/12/94
4. FEI Number 59-0728576	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.0332, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent ANSBCHER, LEWIS 4215 SOUTHPOINT BLVD STE 400 JACKSONVILLE, FL 32216	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V/S/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDROFF, STANLEY (ASST)	1.2 NAME	
STREET ADDRESS	6900 SOUTHPOINT DR. N #400	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32216	1.4 CITY - ST - ZIP	
TITLE	P/D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDROFF, ARNOLD E.	2.2 NAME	
STREET ADDRESS	6900 SOUTHPOINT DR. N #400	2.3 STREET ADDRESS	100001455161
CITY - ST - ZIP	JACKSONVILLE, FL 32216	2.4 CITY - ST - ZIP	-04/13/95--01006--022
TITLE	S/T/D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDROFF, PHYLLIS	3.2 NAME	
STREET ADDRESS	6900 SOUTHPOINT DR. N #400	3.3 STREET ADDRESS	***200.00
CITY - ST - ZIP	JACKSONVILLE, FL 32216	3.4 CITY - ST - ZIP	***200.00
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDROFF, DAVID	4.2 NAME	
STREET ADDRESS	6900 SOUTHPOINT DR. N #400	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32216	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 stated in Section 110.07(3)(k), 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 local 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: X *[Signature]* \_\_\_\_\_ (Date) 04-29-95 \_\_\_\_\_ (System Print #) 3390