FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **201333** **(2)**

1. Corporation Name

BREVARD INSURANCE AND MARKETING, INC.

Principal Place of Business	Mailing Address
3201 N. ATLANTIC AVE. P.O. BOX 320770 COCOA BEACH FL 32931	3201 N. ATLANTIC AVE. P.O. BOX 320770 COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/03/1957**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: County — 25:

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: County — 30:

4. FEI Number: **59-0832274** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KABBOORD,WILLIAM **3201 N ATLANTIC AVE** **COCOA BEACH FL 32931**	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: _____ DATE
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KABBOORD,WILLIAM	12 NAME	
STREET ADDRESS	3201 N. ATLANTIC AVE.	13 STREET ADDRESS	
CITY ST ZIP	COCOA BEACH FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KABBOORD, STEVEN J.	22 NAME	
STREET ADDRESS	3201 N. ATLANTIC AVE.	23 STREET ADDRESS	
CITY ST ZIP	COCOA BEACH FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	KABBOORD, KONNIE	32 NAME	
STREET ADDRESS	3201 N. ATLANTIC AVE.	33 STREET ADDRESS	
CITY ST ZIP	COCOA BEACH FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KABBOORD, DAVID	42 NAME	
STREET ADDRESS	3201 N. ATLANTIC AVE.	43 STREET ADDRESS	
CITY ST ZIP	COCOA BEACH FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KABBOORD, WILLIAM III	52 NAME	
STREET ADDRESS	3201 N ATLANTIC AVE	53 STREET ADDRESS	
CITY ST ZIP	COCOA BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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 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: Steven Kabboord 4 10 95 407-783-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Steven J. Kabboord

0000431 CP