

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 595851 (7)

1. Corporation Name

CENTRAL BREVARD INSURANCE UNDERWRITERS, INC.

Principal Place of Business

984 S US 1
ROCKLEDGE FL 32955
US

Mailing Address

984 S US 1
ROCKLEDGE FL 32955
US



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

ENLOW, LOWELL M.
234MARIAH COURT
MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified

11/08/1978

3a. Date of Last Report

04/25/1995

4. FLE Number

59-1873351

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. 193.032,
Florida Statutes ☐ Yes ☐ No

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 of person submitting this report (must be owner, officer or director)

Signature of Registered Agent (must be resident of Florida)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE PD
2. NAME ENLOW, LOWELL M.
3. STREET ADDRESS 234MARIAH COURT
4. CITY, ST, ZIP MERRITT ISLAND, FL 0

☐ DELETE

1. TITLE DS
2. NAME ENLOW, BARBARA A.
3. STREET ADDRESS 234MARIAH COURT
4. CITY, ST, ZIP MERRITT ISLAND, FL 0

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

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4. CITY, ST, ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(3)(k), Florida Statutes. I further certify that the information located 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 in power to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. If changed, I am attaching my new address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lowell M. Enlow President 1/15/96 407-636-7283

CR2E034 (12/95)