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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **595851** **(7)**

1. Corporation Name
CENTRAL BREVARD INSURANCE UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
984 S US 1 ROCKLEDGE FL 32955 US	984 S US 1 ROCKLEDGE FL 32955-2128 US

3. Date Incorporated or Qualified: **11/08/1978**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1873351** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 415 Montreal Way
83
84 City: Rockledge **FL** 85 Zip Code: 32955

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 required when reinstating (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ENLOW, LOWELL M.	1.2 NAME	
STREET ADDRESS	~~234MARIAH COURT~~	1.3 STREET ADDRESS	415 Montreal Way
CITY-ST-ZIP	~~MERRITT ISLAND, FL 0~~	1.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	DS ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ENLOW, BARBARA A.	2.2 NAME	
STREET ADDRESS	~~234MARIAH COURT~~	2.3 STREET ADDRESS	415 Montreal Way
CITY-ST-ZIP	~~MERRITT ISLAND, FL 0~~	2.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Lowell M. Enlow 1-9-97 (407) 636-7283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106666