

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 18 PH 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F67995

(3)

1. Corporation Name

S & L INSURANCE ASSOCIATES, INC.

Principal Place of Business

12629 NEW BRITTANY BLVD.
BLDG # 16
FT MYERS FL 33907

Mailing Address

12629 NEW BRITTANY BLVD.
BLDG # 16
FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1982

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2183930

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. 100.022,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 16681 Mcgregor Blvd #306

2a. Mailing Address

26 P.O. Box 07100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT MYERS FL

City & State

27 FT MYERS FL 33919

Zip

Country

24 33908

25 Lee

Zip

Country

29 33919

30 Lee

9. Name and Address of Current Registered Agent

LEPERA, JAMES
6700 WINKLER RD., STE 7
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

16681 Mcgregor Blvd

83 Suite 306

84 City FT MYERS

FL

85 Zip Code

33908

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

James Lepera

4/10/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
DP	LEPERA, JAMES	6700 WINKLER RD STE 7	FT MYERS, FL 00000
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP
11 TITLE <td>12 NAME</td> <td>13 STREET ADDRESS</td> <td>14 CITY, ST, ZIP</td>	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP
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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)(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 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:

James Lepera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Lepera

Date

4/10/95 8134891212