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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K68507 (8)

1. Corporation Name
ANDERS INSURANCE AGENCY, INC.



Principal Place of Business
122 ROUND KEY CIRCLE
NAPLES FL 33962

Mailing Address
122 ROUND KEY CIRCLE
NAPLES FL 34112-5059

2. Principal Place of Business
21 9640 DEEP WATER CT
Suite, Apt. #, etc.
22 NAPLES FL
City & State
23
Zip Country
24 34109 25 COLLIER

2a. Mailing Address
26 9640 DEEP WATER CT
Suite, Apt. #, etc.
27 NAPLES FL
City & State
28
Zip Country
29 34109 30 COLLIER

3. Date Incorporated or Qualified
02/27/1989

3a. Date of Last Report
04/29/1996

4. FEI Number
65-0104157

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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PAULICH, JOHN I ESQ.
PAULICH, SLACK & WOLFF, P.A.
2150 GOODLETTE ROAD, 6TH FLOOR
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL 34102

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]* (NOTE: Registered Agent signature required when reinstating) DATE 4-17-97

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME ANDERS, MARJORIE M.
STREET ADDRESS 122 ROUND KEY CIRCLE
CITY-ST-ZIP NAPLES FL

☐ DELETE

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

1.1 TITLE DPST ☒ Change ☐ Addition
1.2 NAME ANDERS, MARJORIE M.
1.3 STREET ADDRESS 9640 DEEP WATER CT
1.4 CITY-ST-ZIP NAPLES FL 34109

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 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: *Marjorie M. Anders*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97 9415926403
Date Daytime Phone #

CR2E034 (9/96)