FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F63419** **(8)**

1. Corporation Name
KOYUTIS INSURANCE AGENCY, INC.

Principal Place of Business
432 PASADENA AVE S.
ST. PETERSBURG FL 33707

Mailing Address
432 PASADENA AVE S
ST. PETERSBURG FL 33707

3. Date Incorporated or Qualified: **01/15/1982**
3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-2145902** ☐ 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

2. Principal Place of Business
21 5501 BATES ST.
22 Suite, Apt. #, etc.
23 City & State: SEMINOLE FLORIDA
24 Zip: 34642 25 County: PINELLAS

2a. Mailing Address
26 5501 BATES ST.
27 Suite, Apt. #, etc.
28 City & State: SEMINOLE FLORIDA
29 Zip: 34642 30 County: PINELLAS

9. Name and Address of Current Registered Agent

WILLIAM C. KOYUTIS
432 PASADENA AVENUE SOUTH
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name: WILLIAM C. KOYUTIS
82 Street Address (P.O. Box Number is Not Acceptable): 5501 BATES ST.
83
84 City: SEMINOLE FL 85 Zip Code: 34642

11. Pursuant to the provisions of Sections 607.0505 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: William C. Koyutis WILLIAM C. KOYUTIS 27 March 1996
Signature of New Registered Agent, if changed — Name (Typed or Printed) — Date

12. OFFICERS AND DIRECTORS

TITLE	VS	☐ DELETE
NAME	KOYUTIS, WILLIAM C	
STREET ADDRESS	5501 BATES STREET	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE	PTD	☐ DELETE
NAME	KOYUTIS, BARBARA L	
STREET ADDRESS	5501 BATES STREET	
CITY-ST-ZIP	SEMINOLE, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
32 NAME	KIRSTEN L. KOYUTIS	
33 STREET ADDRESS	10650 VILLAGE DR #203A	
34 CITY-ST-ZIP	SEMINOLE FL 34642	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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: William C. Koyutis WILLIAM C. KOYUTIS 813 397 5903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone Number
27 March 1996
Date

0317066 CP