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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 # 126191 **(6)**

1. Corporation Name
DESOTO INSURANCE AGENCY INC

Principal Place of Business	Mailing Address
105 WEST MAGNOLIA PO BOX 880 ARCADIA FL 33821 US	105 WEST MAGNOLIA PO BOX 880 ARCADIA FL 34265-0880 US

3. Date Incorporated or Qualified: 12/31/1932
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business
21 104 South Polk
22 Suite, Apt. #, etc.
23 City & State: Arcadia, FL
24 Zip: 34266 25 Country: USA

2a. Mailing Address
26 P.O. Box 880
27 Suite, Apt. #, etc.: 104 South Polk
28 City & State: Arcadia, FL
29 Zip: 34265-0880 30 Country: USA

4. FEI Number: 59-0218850 ☐ 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

AMBLER,LEWIS, JR.
107 WEST MAGNOLIA ST.
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name: Ambler, Lewis Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 104 South Polk
83
84 City: Arcadia **FL** 85 Zip Code: 34266

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	AMBLER, LEWIS, JR.		1.2 NAME		
STREET ADDRESS	107 WEST MAGNOLIA ST.		1.3 STREET ADDRESS	104 South Polk	
CITY-ST-ZIP	ARCADIA FL		1.4 CITY-ST-ZIP	Arcadia, FL	
TITLE	STD	☐ DELETE	2.1 TITLE	S/T	☒ Change ☐ Addition
NAME	AMBLER, JOY		2.2 NAME	Ambler, Joy	
STREET ADDRESS	216 EAST OAK		2.3 STREET ADDRESS	216 East Oak	
CITY-ST-ZIP	ARCADIA FL		2.4 CITY-ST-ZIP	Arcadia, FL	
TITLE		☐ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME			3.2 NAME	Smith, D. Rex	
STREET ADDRESS			3.3 STREET ADDRESS	104 South Polk	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Arcadia, FL	
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: 4/15/97 941-494-2262