FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 163300

(7)

THE FORDHAM AGENCY, INC.

| 111111111 | ADITAW AGENOT, INC. | | | | | | |
|--|---|---|--------------|------------------------------|-----------------------------|--|--|
| Principal Plac | e of Business | Mailing Address | _ | | | - | |
| 5141 SEMINOLE BLVD. 5141 SEMINOLE BLVD. ST. PETEREBURG FL 33708 ST. PETEREBURG FL 33708-3365 | | | | | | | |
| | | | | | | S. Date Incorporated or Qualified 11/01/1950 | 3a. Date of Last Report 04/04/1996 |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | Applied For |
| 21 26 | | | | | | 59-0769471 | Not Applicable |
| Sulte, Apt. #, etc. Suite, Apt. #, et | | | دد د س | | | 5-Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | | or berefoods of claims becared | Fee Required |
| City & Stat | e | City & State | | | | 5. Election Campaign Financing | \$5.00 May Be |
| 23 | 28 | | | · <u> </u> | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | <u> </u> | Country T | | 8. This corporation has liability for in | |
| 24 | 9. Name and Address of Curre | nt Bogistared Agent | 30 | | | Fiorida Statutes 10. Name and Address of New Rec | Yes No. |
| FOR | | nt negistered Agent | | 81 | Name | TO. Name and Address of New Aug | istered Agent |
| | DHAM, GEORGE | | | | , | | _ |
| | 3-119TH ST. N. | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptabl | e) |
| SEM | INOLE FL 34642 | | | 83 | | | |
| | | | | 155 | | | |
| | | | | | City | | FL 85 Zip Code |
| 11. Pursuant office or r | to the provisions of Sections 607.050 registered agent, or both, in the State | 02 and 607,1508, Florida Stati e of Florida, Such change was | utes, t | the above- orized by t | named corpo he corporati | oration submits this statement for the puon's board of directors. I hereby accep | rpose of changing its registered the appointment as registered |
| SIGNATURE | im taminar with, and accept the oblig | gations of, Section 607.0505, f | rionda | a Statutes, | | | |
| | Signature, typed or printed name of registered ag | | OTE: Re | | signature require | ed when reinstating) | DATE |
| 12. | | ID DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | PD | ☐ DELETE | . 1 | 1,1 TITLE | | | L. Change L. Addition |
| NAME | FORDHAM, GEORGE | | | 1.2 NAME | | | |
| STREET ADDRESS | | • | | | DORESS | | |
| CITY-ST-ZIP | SEMINOLE FL | | | | Z:P | | |
| TITLE | VSD | DELETE 21 | | | | | L Change L Addition |
| NAME | | DHAM, ROBERT N | | | - | | |
| STREET ADDRESS | OT DETEROPURO E | | | 2.3 STREET A | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY-ST | - ZiP | | - Observed I supplies |
| TITLE | ABBUILL WILLIAM | | 3.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | 7175 119TH ST. N | | | 3.2 NAME | | | |
| STREET ADDRESS | DEMINOUE EL | | 3.3 STREET A | } | | ŧ | |
| CITY-ST-ZIP TITLE | SEIMINOLE FL | DELETE | | 3,4 017Y-\$7 4,1 71TLS | - ZIP | | Change Addition |
| | | | I | 4. 2 NAME | | | Origings Add::tols |
| NAME | | | I | | | | |
| STREET ADDRESS | | | | 4.3 STREET A | | | |
| CITY-ST-ZIP TITLE | | DELETE | - | 4.4 CITY - ST - 5.1 TITLE | ZIP | | Change Addition |
| NAME | | | | | | | Sugarge Addition |
| | | | | 5,2 NAME | anaréé | | } |
| STREET ADDRESS | | | 1 | 5.3 STREET AL | | | |
| CITY-ST-ZIP | | DELETE | | 5.4 CITY - \$7- 5.1 TITLE | <u> </u> | | Change Addition |
| NAME | | | | 6.2 NAME | | | C. Ordingo C. Montion |
| STREET ADDRESS | | | | 6,3 STREET A | DUBESS | | |
| | 1 | | | A14 A11 (HE) | | | |

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.