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Feb 28 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 # 201703 (6)

1. Corporation Name
BRADENTON INSURANCE, INC.

Principal Place of Business

1400 8TH AVE DR W
CALLER SERVICE BOX 25009
BRADENTON FL 34205-6719

Mailing Address

1400 8TH AVE DR W
CALLER SERVICE BOX 25009
BRADENTON FL 34205-6719



3. Date Incorporated or Qualified 04/18/1957
3a. Date of Last Report 03/11/1996

4. FEI Number 59-0901406
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 1400 8TH AVE DR W.
Suite, Apt. #, etc.

2a. Mailing Address
26 1400 8TH AVE DR W
Suite, Apt. #, etc.

22 City & State
23 BRADENTON, FL
Zip Country

27 City & State
28 BRADENTON FL
Zip Country

24 34205-6796 25 MANATEE

29 34205-6796 30 MANATEE

9. Name and Address of Current Registered Agent

WIECHEL, J. ALDEN, JR.
1400 8TH AVE. DR. W.
BRADENTON FL 34205

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME WENTZELL, ROBERT
STREET ADDRESS 1400 8TH AVE. DR. W.
CITY - ST - ZIP BRADENTON, FL 00000

TITLE P
NAME WEICHEL JR, J ALDEN
STREET ADDRESS 1400 8TH AVE., DR. W.
CITY - ST - ZIP BRADENTON FL

TITLE ST
NAME BROWN, CORA L
STREET ADDRESS 1400 8TH AVE. DR. W.
CITY - ST - ZIP BRADENTON FL

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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:

J. Alden Weichel, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-13-97 (941) 748-0511
Date Daytime Phone #

CR2E034 (9/96)