

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

FILED  
Apr 24 1996 8:00 am  
Secretary of State

DOCUMENT # 208886 (2)

1. Corporation Name

INSURANCE PROGRAMS, INC.

Principal Place of Business

3159 SHAMROCK DRIVE SOUTH  
PO BOX 12129  
TALLAHASSEE FL 32317

Mailing Address

3159 SHAMROCK DRIVE SOUTH  
PO BOX 12129  
TALLAHASSEE FL 32317

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCCUE, WILLIAM G JR  
3159 SHAMROCK DRIVE, S.  
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

01/08/1958

3a. Date of Last Report

02/17/1995

4. FEI Number

59-1266114

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 ☐

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 date of filing

2001. Registered Agent signature required when removing

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
MCCUE, WILLIAM G. JR  
3159 SHAMROCK DR S.  
TALLAHASSEE, FL 00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
OSTRANDER, TED R JR  
1317 CITIZENS BOULEVARD  
LEESBURG FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ST  
PATE, LINDA A  
3159 SHAMROCK SOUTH  
TALLAHASSEE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
BOVAY, C W CHUCK  
1129 US HIGHWAY 98 SOUTH  
LAKE LAND FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
HALL, BARBARA B  
650 NE 1ST STREET  
GAINESVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k) 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:

*Linda A. Pate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda A. Pate

4-22-96

CR2E034 (12/95)