

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 217184 (1)

1. Corporation Name

SCHOOL INSURANCE OF FLORIDA AGENCY INC.



Principal Place of Business

Mailing Address

3087 CAMP RD

~~WINTER PARK FL 32793~~

OVIEDO FLA 32765

~~WINTER PARK FL 32793~~  
DRAWER 4250-ALOMA  
WINTER PARK FL 32793

3. Date Incorporated or Qualified

11/01/1959

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

HUGHES, JOE  
3087 CAMP RD.

~~WINTER PARK FL 32793~~

OVIEDO FL 32765

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and local address

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTD ☐ DELETE

NAME HUGHES, JOE H JR  
STREET ADDRESS 788 BEAR CREEK CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE PC ☐ DELETE

NAME HUGHES, DOLORES T  
STREET ADDRESS 788 BEAR CREEK CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE VSD ☐ DELETE

NAME MORRIS, PAULETTE S.  
STREET ADDRESS 1022 BURNETT ST  
CITY-ST-ZIP OVIEDO FL

TITLE V ☐ DELETE

NAME BORASKI, JOSEPH A  
STREET ADDRESS 788 BEAR CREEK CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL

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

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joe H Hughes Jr* Joe H Hughes Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96 407-365-8820

Date

Daytime Phone

CR2E034 (3/96)