

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

FILED

Feb 24 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 229892 (5)

1. Corporation Name  
EMPLOYEES FIRST INSURANCE AGENCY, INC.

Principal Place of Business

C/O JOHN C. TRAMMEL  
215 SOUTH OLIVE AVE.  
WEST PALM BEACH FL 33401

Mailing Address

C/O JOHN C. TRAMMEL  
215 SOUTH OLIVE AVE.  
WEST PALM BEACH FL 33401-56173. Date Incorporated or Qualified  
11/05/19593a. Date of Last Report  
03/07/1996

2. Principal Place of Business

21 C/O John C. Trammel

Suite, Apt. #, etc.

22 450 S. Australian Avenue

City &amp; State

23 West Palm Beach, Florida

Zip

24 33401

Country

25 U.S.A.

2a. Mailing Address

26 C/O John C. Trammel

Suite, Apt. #, etc.

27 P.O. Box 3515

City &amp; State

28 West Palm Beach, Florida

Zip

29 33402-3515

Country

30 U.S.A.

4. FEI Number

59-6060167

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

TRAMMEL JOHN C  
215 S OLIVE AVE  
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

First Bank of Florida

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

450 S. Australian Avenue

83

84 City

West Palm Beach

FL

85 Zip Code

33401

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. Each 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

President/John C. Trammel February 14, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETENAME ANDRUZZI, KIM  
STREET ADDRESS 9398 LONGMEADOW CIR  
CITY-ST-ZIP BOYNTON BCH FLTITLE PD ☐ DELETENAME TRAMMEL, JOHN C.  
STREET ADDRESS 6405 INDIAN WELLS BLVD  
CITY-ST-ZIP BOYNTON BEACH FLTITLE VD ☐ DELETENAME RUDY, JOHN A  
STREET ADDRESS 1975 PARKSIDE CIRCLE S.  
CITY-ST-ZIP BOCA RATON FLTITLE T ☐ DELETENAME GADDONI, CECELIA  
STREET ADDRESS 2800 EXUMA ROAD  
CITY-ST-ZIP WEST PALM BCH FLTITLE D ☐ DELETENAME DAVIS, LOUIS O JR.  
STREET ADDRESS 127 THORNTON DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS FLTITLE ☐ DELETENAME  
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:

John C. Trammel, President

2/14/97

Date Daytime Phone #

CR2E034 (9/96)