

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

FILED

Jan 27, 1999 8:00am  
Secretary of State

01-27-1999 90058 037 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 265351  
1. Corporation Name  
BANACK INSURANCE AGENCY INC

Principal Place of Business  
2045 14TH AVE  
POB 130  
VERO BCH FL 32961-0130  
US

Mailing Address  
PO BOX 130  
VERO BCH FL 32961-0130  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
12/18/1962

4. FEI Number  
59-0999411

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
BANACK, SIDNEY M., JR.  
2045 14TH AVE  
VERO BEACH FL 32960

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 | NAME                 | STREET ADDRESS        | CITY-ST-ZIP        | DELETE                   |
|-------|----------------------|-----------------------|--------------------|--------------------------|
| P     | BANACK, SIDNEY M, JR | 6125 ATLANTIC BLV     | VERO BCH, FL 00000 | <input type="checkbox"/> |
| V     | HARRIS, MICHAEL W.   | 6276 4TH STREET       | VERO BCH, FL 00000 | <input type="checkbox"/> |
| S     | ROSELAND, CHERYL B.  | 1266 32ND AVE.        | VERO BEACH FL      | <input type="checkbox"/> |
| V     | THISTLE, GEORGE G.   | 1485 37TH STREET #214 | VERO BCH FL        | <input type="checkbox"/> |
|       |                      |                       |                    | <input type="checkbox"/> |
|       |                      |                       |                    | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | CHANGE                   | ADDITION                 |
|-------|------|----------------|-------------|--------------------------|--------------------------|
| 1.1   | 1.2  | 1.3            | 1.4         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1   | 2.2  | 2.3            | 2.4         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1   | 3.2  | 3.3            | 3.4         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1   | 4.2  | 4.3            | 4.4         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1   | 5.2  | 5.3            | 5.4         | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1   | 6.2  | 6.3            | 6.4         | <input type="checkbox"/> | <input type="checkbox"/> |

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* 1/11/99 (501) 562-3369  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)