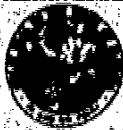


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 305354

(3)

1. Corporation Name

RUHL W. KOBLEGARD AGENCY, INC.

Principal Place of Business

Mailing Address

~~417 S 3RD ST. APT. 100~~
~~FT. PIERCE FL 34950-1300~~

~~117 S 3RD ST. APT. 100~~
~~FT. PIERCE FL 34950-1300~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/23/1966

3a. Date of Last Report

04/04/1994

4. FEI Number

59-1141964

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. 109.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 **1008 S 12th St.**

26 **1008 S 12th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Fort Pierce FL**

28 **Fort Pierce, FL**

24 Zip

Country

29 Zip

Country

34950

St Lucie

34950

St. Lucie

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOBLEGARD, RUHL W
1008 S 12TH ST
FT. PIERCE FL 34950**

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

Ruhl W. Koblegard, Pres

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VO**
NAME **KOBLEGARD, RUHL W, III**
STREET ADDRESS **1005 S 12TH ST**
CITY - ST - ZIP **FT PIERCE FL**

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

☐ Change ☐ Addition

TITLE **PO**
NAME **KOBLEGARD, RUHL W**
STREET ADDRESS **1008 S 12TH STREET**
CITY - ST - ZIP **FT PIERCE FL**

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

☐ Change ☐ Addition

TITLE **SO**
NAME **KOBLEGARD, HAZEL K.**
STREET ADDRESS **1008 S 12TH ST.**
CITY - ST - ZIP **FT. PIERCE FL**

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

☐ Change ☐ Addition

TITLE **STD**
NAME **PYLES, CHRISTINE K.**
STREET ADDRESS **801 S. OCEAN DRIVE #401**
CITY - ST - ZIP **FT. PIERCE FL**

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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:

Ruhl W. Koblegard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-95
Date

407 461 7481
Telephone Number