

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

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Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **305354** (3)

1. Corporation Name
RUHL W. KOBLEGARD AGENCY, INC.

Principal Place of Business
**1008 S. 12TH ST.
FT. PIERCE FL 34950
US**

Mailing Address
**1008 S. 12TH ST.
FT. PIERCE FL 34950-8216
US**



3. Date Incorporated or Qualified **05/23/1966** 3a. Date of Last Report **02/07/1996**

2. Principal Place of Business 21 1008 S 12th St. Suite, Apt. #, etc. 22 Fort Pierce FL City & State 23 Zip 24 34950 Country 25 St. Lucie	2a. Mailing Address 26 1008 S 12th St. Suite, Apt. #, etc. 27 City & State 28 Fort Pierce, FL Zip 29 34950 Country 30 St. Lucie
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4. FEI Number 59-1141964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KOBLEGARD, RUHL W
1008 S 12TH ST
FT. PIERCE FL 34950**

10. Name and Address of New Registered Agent

81 Name NA
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** **03-08-97**
Signature of registered agent or person authorized to accept appointment as registered agent. (NO) Registered Agent signature required when terminating. DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOBLEGARD, RUHL W, III	
STREET ADDRESS	1005 S 12TH ST	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOBLEGARD, RUHL W	
STREET ADDRESS	1008 S 12TH STREET	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOBLEGARD, HAZEL K.	
STREET ADDRESS	1008 S 12TH ST.	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PYLES, CHRISTINE K.	
STREET ADDRESS	801 S. OCEAN DRIVE #401	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ruhl W. Koblegard, Pres** **03-08-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)