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Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90018 015 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 305354

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
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/23/1966

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ 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

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 reinstating)

06-15-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **KOBLEGARD, RUHL W, III**

STREET ADDRESS **1005 S 12TH ST**

CITY-ST-ZIP **FT PIERCE FL**

TITLE **PD** ☐ DELETE

NAME **KOBLEGARD, RUHL W**

STREET ADDRESS **1008 S 12TH STREET**

CITY-ST-ZIP **FT PIERCE FL**

TITLE **SD** ☐ DELETE

NAME **KOBLEGARD, HAZEL K.**

STREET ADDRESS **1008 S 12TH ST.**

CITY-ST-ZIP **FT. PIERCE FL**

TITLE **STD** ☐ DELETE

NAME **PYLES, CHRISTINE K.**

STREET ADDRESS **801 S. OCEAN DRIVE #401**

CITY-ST-ZIP **FT. PIERCE 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP - Director ☒ Change ☐ Addition

Sam L

10604 Pine Cone Lane

Fort Pierce, FL 34945

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:

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

06-15-99
Date

561-461-7681
Daytime Phone #

CR2E034 (11/98)