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FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 324256 (7)

1. Corporation Name
FRED SHERMAN INSURANCE AGENCY, INC.

Principal Place of Business
7211 W HILLSBOROUGH AVE
TAMPA FL 33634-0992

Mailing Address
12521 WOODTIMBER LN.
FT. MYERS FL 33913-8316



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Jack Wilder 4270 Aloma

Suite, Apt. #, etc.

27 Ste 128

City & State

28 Winter Park, FL

Zip

Country

29 32792

30 U.S.A.

9. Name and Address of Current Registered Agent

SHERMAN, ROGER G.
12521 WOOD TIMBER LANE
FT. MYERS FL 33913

3. Date Incorporated or Qualified

12/12/1967

3a. Date of Last Report

03/04/1996

4. FEI Number

59-1212475

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Jack Wilder

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

4270 Aloma Ave Ste 128

83

84 City

Winter Park

FL

85 Zip Code

32792

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

Jack Wilder

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

(None. Registered Agent signature required when reinstating)

DATE

2/15/97

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	SHERMAN, WILLIAM	
STREET ADDRESS	7649 REDLAND ST	
CITY-ST-ZIP	WESLEY CHAPEL FL 33546	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Jack Wilder	
13 STREET ADDRESS	4270 Aloma Ave Ste 128	
14 CITY-ST-ZIP	Winter Park FL	
21 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Roger Sherman	
23 STREET ADDRESS	12521 Woodtimber Ln	
24 CITY-ST-ZIP	Ft. Myers FL 33913	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Wilder

2/15/97 (407) 651-7200

CR2E034 (9/96)