

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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 AVENUE  
TAMPA FL 33634

Mailing Address

7211 W. HILLSBOROUGH AVENUE  
TAMPA FL 33634-0892  
US

3. Date Incorporated or Qualified  
12/12/1967

3a. Date of Last Report  
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 12521 Wood Timber Ln.

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 Ft. Myers FL

29 Zip

33913

Country

4. FEI Number

59-1212475

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 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

PD  
NAME SHERMAN, FREDERICK W  
STREET ADDRESS 504 E. NORTH STREET  
CITY-ST-ZIP TAMPA FL

☒ DELETE

1.2 TITLE

ST  
NAME SHERMAN, YVONNE O.  
STREET ADDRESS 504 E NORTH ST  
CITY-ST-ZIP TAMPA FL

☒ DELETE

1.3 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.4 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.5 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.6 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P  
NAME WILLIAM C SHERMAN  
STREET ADDRESS 7649 REDLAND ST  
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

☒ Change ☐ Addition

2.1 TITLE

ST  
NAME WILLIAM C SHERMAN  
STREET ADDRESS 7649 REDLAND ST  
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

☒ Change ☐ Addition

3.1 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

NAME  
STREET ADDRESS  
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 119.07(3)(k), 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

1-29-96 813 8843931

Date Daytime Phone #

CPRE034 (12/95)