

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 28 PM 1:59

DOCUMENT # 325928 (0)

1. Corporation Name

RUSS JORDAN INSURANCE AGENCY INC.

Principal Place of Business

2051 MAIN STREET  
P.O. BOX 4019  
SARASOTA FL 34230

Mailing Address

2051 MAIN STREET  
P.O. BOX 4019  
SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/01/1968

3a. Date of Last Report

04/01/1994

4. FEI Number

59-1212445

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

2. Principal Place of Business

21 49 East Avenue North

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Sarasota, Florida

28

Zip

Country

Zip

Country

24 34237

25

Sarasota

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN, RUSSELL, C., JR  
49 EAST AVE. NORTH  
SARASOTA FL 34237

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 the applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT  
NAME JORDAN JR, RUSSELL C  
STREET ADDRESS 49 EAST AVENUE, N.  
CITY, ST, ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP

TITLE D  
NAME JORDAN, GREGORY  
STREET ADDRESS 49 EAST AVE, N  
CITY, ST, ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

TITLE DS  
NAME JORDAN, JUDITH, J  
STREET ADDRESS 49 EAST AVE., N  
CITY, ST, ZIP SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 attached sheet with an address.

SIGNATURE:

Russell C. Jordan, Jr., President

3-16-95 813-955-0111