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 # **327703** **(5)**

1. Corporation Name

WALDORFF INSURANCE & BONDING, INC.

Principal Place of Business	Mailing Address
1881 HWY 98 WEST P.O. BOX 886 MARY ESTHER FL 32569-7886	1881 HWY 98 WEST P.O. BOX 886 MARY ESTHER FL 32569-7886

2. Principal Place of Business 21 1881 HIGHWAY 98, WEST	2a. Mailing Address 26 P O BOX 886
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MARY ESTHER, FL	City & State 28 MARY ESTHER, FL
Zip / Country 24 32569 / 25 USA	Zip / Country 29 32569-0886 / 30 USA

3. Date Incorporated or Qualified 03/19/1968	3a. Date of Last Report 02/07/1995
4. FEI Number 59-1056142	☐ 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

WALDORFF, LLOYD H
51 LINWOOD DR, N W
FT WALTON BCH FL 32548

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 (Signature, typed or printed name of registered agent (if an individual) if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALDORFF, LLOYD		1.2 NAME		
STREET ADDRESS	51 LINWOOD ROAD, NW		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL		1.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALDORFF, LLOYD DALE		2.2 NAME		
STREET ADDRESS	171 WYNNEHAVEN BEACH RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALDORFF, SANDRA		3.2 NAME		
STREET ADDRESS	51 LINWOOD ROAD, NW		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALDORFF, LLOYD H		4.2 NAME		
STREET ADDRESS	51 LINWOOD ROAD, NW		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added by attachment with an "X" in the box.

SIGNATURE: LLOYD H. WALDORFF 1/29/96 (904) 581-4925

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #