

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 # 343053 (5)

1. Corporation Name

DORSETT INSURANCE AGENCY, INC.



Principal Place of Business

114 W GREEN ST
P.O. BOX 60--
PERRY FL 32347

Mailing Address

114 W GREEN ST
P.O. BOX 60--
PERRY FL 32347

3. Date Incorporated or Qualified

03/13/1969

3a. Date of Last Report

06/09/1995

2. Principal Place of Business

21 114 W. Green St.

2a. Mailing Address

26 P. O. Box 70

4. FEI Number

59-1265856

Applied For

Not Applicable

Suite, Apt. #, etc.

22 c/o John W. Dickert

Suite, Apt. #, etc.

27 c/o John W. Dickert

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Perry, FL

City & State

28 Perry, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 32347

Country

25 USA

Zip

29 32347

Country

30 USA

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

DICKERT, JOHN W
411 PLANTATION RD
PERRY FL 32347

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DICKERT, JOHN W
STREET ADDRESS 411 PLANTATION RD
CITY - ST - ZIP PERRY FL

TITLE VST ☐ DELETE

NAME DICKERT, GALE D
STREET ADDRESS 411 PLANTATION RD
CITY - ST - ZIP PERRY FL

TITLE D ☐ DELETE

NAME DICKERT, GALE D
STREET ADDRESS 411 PLANTATION RD
CITY - ST - ZIP PERRY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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

4/16/96

Date

904-838-1146

Daytime Phone #

CR2E034 (12/95)