

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 # 355468

(0)

1. Corporation Name

GIVEN & SIELING INSURANCE, INC.



Principal Place of Business

3455 CENTRAL AVE
ST PETERSBURG FL 33713
US

Mailing Address

3455 CENTRAL AVE
ST PETERSBURG FL 33713
US

3. Date Incorporated or Qualified
11/17/1969

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 3455 CENTRAL AVE

26 3455 CENTRAL AVE

4. FEI Number
59-1285400

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 ST PETERSBURG FL

28 ST PETERSBURG FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33713

25 US

29 33713

30 US

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

SIELING, EDWARD W.

6101 1ST ST
ST PETERSBURG FL 33703

81 Name

SIELING, EDWARD W

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

3455 CENTRAL AVE

83

84 City

ST PETERSBURG,

FL

85 Zip Code

33713

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 607.0503, Florida Statutes.

SIGNATURE E.W. SIELING

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME SIELING, RUTH
STREET ADDRESS 3455 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG, FL 00000 ☐ DELETE

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

TITLE TDP
NAME SIELING, EDWARD W
STREET ADDRESS 3455 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG, FL 00000 ☒ DELETE

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

TITLE S
NAME JOHANSEN, BARBARA J
STREET ADDRESS 3455 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL ☒ DELETE

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

TITLE PD
NAME SEILING, JACK E
STREET ADDRESS 3455 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL ☐ DELETE

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

TITLE STVD
NAME EDWARD W SIELING
STREET ADDRESS 3455 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG, FL ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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: E.W. SIELING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96

Date

Daytime Phone #

(813)327-5327

CR2E034 (12/95)