

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

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:10

DOCUMENT # 440668 (2)
1. Corporation Name
BERUBE, DEAKINS & CARROLL INSURANCE, INC.

Principal Place of Business Mailing Address
D/B/A R.J. BERUBE INS. **D/B/A R.J. BERUBE INS.**
351 S US 1. STE. 102 JUPITER BAY PLAZA **351 S US 1. STE. 102 JUPITER BAY PLAZA**
JUPITER FL 33477-5978 **JUPITER FL 33477-5978**
US **US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/26/1973	03/16/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1494124	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	29	30	Trust Fund Contribution	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
BERUBE, RICHARD J. 4 COUNTRY CLUB CIRCLE TEQUESTA FL 33469				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reelecting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERUBE, SUSAN D.	1. 2 NAME	
STREET ADDRESS	4 COUNTRY CLUB CR.	1. 3 STREET ADDRESS	
CITY - ST - ZIP	TEQUESTA FL	1. 4 CITY - ST - ZIP	
TITLE	VD	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAKINS, C.J., JR.	2. 2 NAME	
STREET ADDRESS	4729 S.E. GLENN RIDGE TR	2. 3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	2. 4 CITY - ST - ZIP	
TITLE	PD	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERUBE, RICHARD J.	3. 2 NAME	
STREET ADDRESS	4 COUNTRY CLUB CR	3. 3 STREET ADDRESS	
CITY - ST - ZIP	TEQUESTA FL	3. 4 CITY - ST - ZIP	
TITLE		4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY - ST - ZIP		4. 4 CITY - ST - ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY - ST - ZIP		5. 4 CITY - ST - ZIP	
TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY - ST - ZIP		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: Susan D. Berube 4/10/95 746-4514
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Telephone Number