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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(0) N/ 1.2.96

DOCUMENT #

1. Corporation Name SINLE AND WILLIAMSON INSURANCE, INC. SIHLE INSURANCE GROUP, INC.



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ncipal Place of Business Mailing Address #664 - DOUGLAS - AYE									
871 DOUGLAS A ALTAMONTE SP US	AVE PGS FL 32714	Ď	361-BOUGLAS AVE .O. BOX 160398 (3) LTAMONTE SPGS (27160398)		3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1995			t j
						4. FEI Number	<u></u>	Appl	lied For
Principal Place C	of Business	r1	lailing Address			59-1619274		1	Applicable
		26 Si	uite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Ac Fee Req	aditional uired
Suite, Apt. #, etc	tc.	27	one, ryn. n, ett.						
			City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	Fees
City & State		28				Trust Fund Contribution 8. This corporation has liability for			
Zip	Country		î.p	<u> </u>	untry	L Florida Statutes 💢 Yes	5 [] 140		
	25	29		30	T	10. Name and Address of New I		Agent	
<u> </u>	9. Name and Address of	of Current Registe	red Agent		81 Name		_		
					1 1	ress (P.O. Box Number is Not Accepta	ble)		
SIHLE, JE	ERRY				82 Street Addr	CONT. OF PARTIES AND ACTION OF THE			
2041 DY/	'an way				83				
MAITLAN	ND FL 32751				84 City			85 Zip C	Code
	•				84 City	oration submits this statement for the parad of directors. I hereby accept the ap	FL	The second	iistered nffi
(actional with	and accept the obligation	as at, Section 607.0	1505, Honoa Statui	1615.			DATE		
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I do hereby certify that the information supplied with this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made unde certify that the information incloated 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 unde certify that the information incloated 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 unde certify that the information incloated 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 unde certify that the information incloated 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 unde certify that the information incloated 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 unde certify that the information incloated 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 unde certification in the same legal effect as if made under supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is true and accurate and accurate shall have the same legal effect as

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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