

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 520661 (0)

1. Corporation Name

RICKETTS INSURANCE AGENCY, INC.

Principal Place of Business

P.O. BOX 14308
CLEARWATER FL 34629-4308

Mailing Address

P.O. BOX 14308
CLEARWATER FL 34629-4308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/21/1976

3a. Date of Last Report

03/08/1994

4. FEI Number

59-1705035

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

2. Principal Place of Business

2a. Mailing Address

21 **PO Box 16007**

25 **PO Box 16007**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Clearwater, FL**

27 **Clearwater, FL**

City & State

City & State

23 **34629**

28 **34629**

Zip

Country

Zip

Country

24 **FL**

29 **FL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROPER, DAVID B
24705 US 19 N
S304
CLEARWATER FL 34623**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **RICKETTS, WALLACE D.**
STREET ADDRESS **3574 GOLFSIDE DR.**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **VST**
NAME **RICKETTS, PHYLLIS S.**
STREET ADDRESS **3574 GOLFSIDE DR.**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 110.07(3)(b), 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 BRINKING OFFICER OR DIRECTOR

Wallace D. Ricketts
Phyllis S. Ricketts

2/10/95 8:13 461 570

Date

Digitized from #