

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 # 576392 (5)
1. Corporation Name
CUNNINGHAM INSURANCE AGENCY OF NAPLES, INC.



Principal Place of Business Mailing Address
633 9TH ST. NO. 633 9TH ST. NO.
NAPLES FL 33940 NAPLES FL 33940

3. Date Incorporated or Qualified 06/12/1978 3a. Date of Last Report 10/09/1995

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1830187 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

CUNNINGHAM, HARRY
633 9TH STREET NORTH
NAPLES FL 33940

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, if not applicable) (Print Name of Registered Agent (signature required when appointing)) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP
PD	CUNNINGHAM, ELIZABETH	633 9TH ST. NO.	NAPLES FL	<input checked="" type="checkbox"/> DELETE			
TSD	CUNNINGHAM, HARRY M	633 9TH ST. NO.	NAPLES FL	<input checked="" type="checkbox"/> DELETE			
D	CUNNINGHAM, KEVIN	633 9TH ST. NO.	NAPLES FL	<input type="checkbox"/> DELETE	VD	CUNNINGHAM, KEVIN	633 9TH STREET N. NAPLES, FL. 33940
VD	CUNNINGHAM, CHRISTOPHER	633 9TH ST. NO.	NAPLES FL	<input type="checkbox"/> DELETE	PD	CUNNINGHAM, HARRY C.	633 9TH STREET N. NAPLES, FL. 33940
D	CUNNINGHAM, DANIEL	633 9TH ST. NO.	NAPLES FL	<input type="checkbox"/> DELETE	STD	CUNNINGHAM, DANIEL E.	633 9TH STREET N. NAPLES, FL. 33940
				<input type="checkbox"/> DELETE			

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 941-262-8990
Date Daytime Phone #

CR2E034 (12/95)