ANNU	PROFIT PORATION IAL REPORT 1996			B Mortham ary of State				
	MENT # 621	358	(1)					
CROP	ENBAKER INSURANCE	AGENCY, INC.				A TABLIA KILIA TIBAT TIBAT TIBAT TIBA	I NATE ATALL AND A AND A AND A	I DIDIN DIFAI HEDI
incipal Place	of Business	Mating Ac	dress					
214 PONCE DE LEON BLVD. BROOKSVILLE FL 34601			214 PONCE DE LEON BLVD. BROOKSVILLE FL 34601					
						 Date Incorporated or Qualified 05/11/1979 	3a. Date of Last R 04/20/19	
Principal Pla	ace of Business	2a. Mailing	g Address			4. FEI Number		Applied For
Suite, Apt	#. etc.	26 Suite	Ant. #, etc.			59-1902065	\$8 75	Not Applicable
		27				5. Certificate of Status Desired	Feel	Required
City & State		City & 28	State			 Election Campaign Financing Trust Fund Contribution 		0 May Be d to Fees
Ζφ	Country	Zφ		Count	ry	8. This corporation has liability for in	ntangible tax under s	
	25 9. Name and Address of C	29 Current Registered A	gent	30		Florida Statutes Yes		
	3, Hane and Hadrood of 0			8	1 Name		- 3	
	NBAKER, DONALD C.			8	2 Street Addr	ress (P.O. Box Number is Not Acceptable	e)	
214 US 98 NORTH BROOKSVILLE FL 33512				8	3	· · · · · · · · · · · · · · · · · · ·		
DRUUN	SVILLE FL 33312			1	-			
					4 01		ar 7	Code
I. Pursuant t	ed agent, or both, in the State o	if Florida. Such chang	e was authoriz	es, the above	4 City e named corpor rporation's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	FL	p Code egistered offic agent. I am
Pursuant 1 or register familiar wit GNATURE:	ed agent, or both, in the State o h, and accept the obligations of Stoat on part or protect name of registers OFFICER	f Florida, Such chang , Section 607,0505, F anagest and their application RS AND DIRECTORS	e was authoriz locda Statutes M	es, the above ed by the co s. DIE Rejetent A 13.	p named corpor poration's boa	rd of directors. I hereby accept the appo	Dose of changing its r intment as registered	egistered offic agent. I am
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