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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 8:45

DOCUMENT # 693164 (6)

1. Corporation Name

ROBERT R. RACE INSURANCE AGENCY, INC.

Principal Place of Business

% ROBERT R RACE
17521 US HWY 441, STE. 1, CENTURY PLAZA
MOUNT DORA FL 32757
US

Mailing Address

P.O. BOX 855, N/A
17521 US HWY 441, STE. 1
MOUNT DORA FL 32757
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/30/1981

3a. Date of Last Report

05/24/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

City & State

24

City & State

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

City & State

29

City & State

30

City & State

4. FEI Number

59-2111643

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

7. This corporation has liability for intangible tax under C. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RACE, ROBERT R

~~301 E. RACE~~ 2104 MORNINGSIDE DR.
MOUNT DORA FL 32757

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2104 MORNINGSIDE DR.

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 reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME RACE, ROBERT R
STREET ADDRESS 17521 US HWY. 441, STE. 1, CENTURY PLAZA
CITY - ST - ZIP MOUNT DORA FL

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

☐ Change ☐ Addition

TITLE VSD
NAME RACE, MARY E
STREET ADDRESS 17521 US HWY 441, STE. 1, CENTURY PLAZA
CITY - ST - ZIP MOUNT DORA FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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:

Robert R. Race Robert R. RACE

6-5-95 904-383-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #