FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **701999** **(5)**

1. Corporation Name

INDEPENDENT INSURORS OF GREATER ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
P O BOX 10951 ST. PETERSBURG FL 33733	P O BOX 10951 ST. PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1961
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-0814536 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

BERSET, LINDA
4950 34 ST N
ST. PETE FL 33714

10. Name and Address of New Registered Agent

81 Name: KEITH GRAMLING
82 Street Address (P.O. Box Number is Not Acceptable): 3810 16th St. N.
83
84 City: St. Petersburg FL 85 Zip Code: 33703

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: Keith W. Gramling DATE: 3/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	GRAMLING, KEITH	1.2 NAME	Keith Gramling	
STREET ADDRESS	3810 16 ST N	1.3 STREET ADDRESS	3810 16th St. N	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	P	2.1 TITLE	President-Elect	☒ Change ☐ Addition
NAME	~~BERSET, LINDA~~	2.2 NAME	Marilyn Williams	
STREET ADDRESS	~~4950 34TH ST N~~	2.3 STREET ADDRESS	6699 90th Ave. N	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	2.4 CITY-ST-ZIP	Pinellas Park, FL 34666	
TITLE	VP	3.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	~~HOPPES, JOSEPH~~	3.2 NAME	Darren Vermost	
STREET ADDRESS	~~1900 1 AVE N~~	3.3 STREET ADDRESS	9887 4th St. N Suite 309	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	3.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~BOZEMAN, WILLIAM O~~	4.2 NAME	Yvonne Wiseley	
STREET ADDRESS	~~6400 CENTRAL AVE~~	4.3 STREET ADDRESS	9300 5th St. N	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	4.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SMALL, JOANNE	5.2 NAME		
STREET ADDRESS	4950 34TH ST N	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP		
TITLE	~~STD~~	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WILLIAMS, MARILYN	6.2 NAME	J. Kipp Wall	
STREET ADDRESS	~~6699 90 AVE N~~	6.3 STREET ADDRESS	2763 1st Ave. N	
CITY-ST-ZIP	~~PINELLAS FL~~	6.4 CITY-ST-ZIP	St. Petersburg, FL 33713	

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keith W. Gramling 3/14/95 895-1521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004493