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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33733-0951



3. Date Incorporated or Qualified
02/08/1961

3a. Date of Last Report
04/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, MARILYN
800 49TH STREET N
ST PETERSBURG FL 33710

81 Name
MARILYN WILLIAMS
82 Street Address (P.O. Box Number is Not Acceptable)
800 49th Street N.
83
84 City St. Petersburg FL 85 Zip Code 33710

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Marilyn Williams

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME VERMONT, DARREN
STREET ADDRESS 9887 4TH ST N SUITE 309
CITY-ST-ZIP ST PETERSBURG FL

TITLE P ☐ DELETE
NAME WILLIAMS, MARILYN
STREET ADDRESS 800 49TH STREET N
CITY-ST-ZIP ST PETERSBURG FL

TITLE V ☐ DELETE
NAME WISELEY, YVONNE
STREET ADDRESS 9300 5TH ST N
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE
NAME WINEBRENNER, JACK
STREET ADDRESS 3773 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE
NAME GRIFFIN, CURTIS
STREET ADDRESS 4950 34TH ST N
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE
NAME WALL, J. KIPP
STREET ADDRESS 800 49TH STREET N
CITY-ST-ZIP ST PETERSBURG FL

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Marilyn Williams

4-18-97 813 327-7070

CR2E037 (9/96)