

4-8-97 B 4222 C
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Apr 08 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 # 703620 (5)

1. Corporation Name

INDEPENDENT INSURANCE AGENTS OF VOLUSIA COUNTY,
INC.

Principal Place of Business

Mailing Address

1811 JUNIPER DR
EDGEWATER FL 32132
US

1811 JUNIPER DR
EDGEWATER FL 32132-3413
US

2. Principal Place of Business

21 220 S. Ridgewood Ave.

Suite, Apt. #, etc.

22 Suite 500

City & State

23 Daytona Bch., FL

Zip

24 32114

Country

25 USA

2a. Mailing Address

26 P.O. Box 2412

Suite, Apt. #, etc.

City & State

28 Daytona Bch. FL

Zip

29 32114

Country

30 USA

3. Date Incorporated or Qualified
02/21/1962

3a. Date of Last Report
04/29/1996

4. FEI Number

59-6139080

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

TER-HAAR, LILLIAN I
1811 JUNIPER DR
EDGEWATER FL 32114

10. Name and Address of New Registered Agent

81 Name

Jeff Kiser

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

220 S. Ridgewood Ave.

83

c/o Poe & Brown

84 City

Daytona Beach

FL

85 Zip Code

32114

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/97

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME FULTON, CHRIS
STREET ADDRESS 115 NORTH RIDGEWOOD AVENUE
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ DELETE

NAME BARLOW, BOBBI, P
STREET ADDRESS 220 S RIDGEWOOD
CITY-ST-ZIP DAYTONA BEACH FL

TITLE P ☐ DELETE

NAME WILLIAMS, ED
STREET ADDRESS 1120 BEVILLE RD
CITY-ST-ZIP DAYTONA BEACH FL

TITLE D ☐ DELETE

NAME LYDECKER, CHARLES
STREET ADDRESS 534 SANDY OAKS BLVD
CITY-ST-ZIP ORMOND BEACH FL

TITLE T ☐ DELETE

NAME TER-HAAR, LILLIAN I
STREET ADDRESS 1811 JUNIPER DR
CITY-ST-ZIP EDGEWATER FL

TITLE D ☐ DELETE

NAME WHITE, JERRY
STREET ADDRESS 141 SAGE BRUSH TRAIL
CITY-ST-ZIP ORMOND BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME FULTON, CHRIS
1.3 STREET ADDRESS 220 S. Ridgewood Ave.
1.4 CITY-ST-ZIP DAYTONA Bch. FL 32114

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 T ☒ Change ☐ Addition

5.2 NAME Jeff Kiser
5.3 STREET ADDRESS 220 S. Ridgewood Ave
5.4 CITY-ST-ZIP DAYTONA Bch. FL 32114

6.1 TITLE S ☒ Change ☐ Addition

6.2 NAME Brian Nelson
6.3 STREET ADDRESS 115 N. Ridgewood Ave
6.4 CITY-ST-ZIP DAYTONA Beach FL 32114

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.

CR2E037 (9/96)