SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**POCUMENT # 704161** 

(9)

ST. LUCIE COUNTY INDEPENDENT INSURANCE AGENTS, I											
Principal Place of Business Malling Address								1881   1881   881   <b>6109</b>    <b>110</b>		81811 DIBII BIBII	I BEBUIL BUBUI TBEBU
125 S 2 STREET								Date Incorporated or Qualified     06/12/1962     FEt Number			
							"	59-1389935		1-1-	Not Applicable
Principal Place of Business			2a. 26				5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			
Suite, Apt. #, etc.       Suite, Apt. #, etc.         22       27							6.	6. Election Campaign Financing \$5.00 May Be			
City & State				City & State			7	7. Is this nonprofit corporation a homeowners association?			
23				28				Yes No			
Zip	Country			¬ ' ⊢ ,		Country		8. This corporation owes or has paid the current year intangible			tangible
24	9. Name and Address of Curren			29 30			10	Personal Property Tax due Name and Address of Ne			No
	Vi Manne	and Addiose	or Current Regis	reion Maur	81	Name	10,	Maille and Address of Me	im vedistele	o waant	
ENNS. EC	DWARD G.				82	Etropt A	ddroos /D	O. Box Number is Not Acc	ontable)		
601 CITRUS AVENUE					62	Stieet A	uoiess (P	.O. Box Number is Not Acc	еркаріе)		
FT. PIERCE FL 34950					83						
					84	84 City FI 85 Zip Co				Code	
11. Pursuant office or re	to the provision	ons of sections 6	17.0502 and 617 se State of Florida	.1508, Florida Statutes, . Such change was au	the above-n	amed corp he corpora	poration su	ibmits this statement for the rd of directors. I hereby acc	purpose of cheept the appoi	nanging its re	gistered gistered
agent fa	ım familiar wii	h, and accept th	ne obligations of,	section 617.0503, Flori	da Statutés.				op. we appear		<b>B</b> .010100
SIGNATURE	Signature, typed	or printed name of reg	distered agent and title it	applicable. (NO	TE: Registered A	gent signature	required whe	n reinstating)	DATE		
			CERS AND DIRE	D DIRECTORS 13.				DDITIONS/CHANGES TO	05510500	MD DIDEOT	
							<i>F</i>	DDITIONS/CHANGES TO	OFFICERS A	NIU DIRECT	ORS IN 12
TITLE	PD	10.0.0		DELETE	1.1 TITLE		PIER	ECTORISCOLL	OFFICERS F	Change	
NAME	WILLBUR,				1.1 TITLE 1.2 NAME		N <del>I</del> R 222	ECTORISCOLL 2 Colonial Rd		<del></del>	
NAME STREET ADDRESS	WILLBUR, 2716 S U	<b>\$</b> 1			1.1 TITLE 1.2 NAME 1.3 STREET	j	N <del>I</del> R 222	ECTORISCOLL	34948	<del></del>	
NAME	WILLBUR, 2716 S U FT PIERC	<b>\$</b> 1		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	j	M18 222 Ft.	ECTORISCOLL 2 Colonial Rd		Change	X Addition
NAME STREET ADDRESS CITY-ST-ZIP	WILLBUR, 2716 S U FT PIERC STD	S 1 E FL			1.1 TITLE 1.2 NAME 1.3 STREET	j	PHR 222 Ft.	ECTORISCOLL 2 Colonial Rd Pierce, FL		<del></del>	X Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	WILLBUR, 2716 S U FT PIERC STD RISE, ANI	S 1 E FL		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	r-ZIP	DIR 222 Ft. DIR EDW	ECTORISCOLL 2 Colonial Rd Pierce, FL ECTOR		Change	X Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WILLBUR, 2716 S U FT PIERC STD RISE, ANI 125 SOUT FT PIERC	S 1 E FL N R. TH 2 STREET		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	T-ZIP	DIR EDW 601	ECTORISCOLL 2 Colonial Rd Pierce, FL ECTOR ARD G ENNS		Change	X Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WILLBUR, 2716 S U: FT PIERC STD RISE, ANI 125 SOUT FT PIERC VPD	S 1 E FL N R. TH 2 STREET E FL		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP	DIR 222 Ft. DIR EDW 601 Ft.	ECTORISCOLL 2 Colonial Rd Pierce, FL ECTOR ARD G ENNS Citrus Avenue	34948	Change	X Addition X Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WILLBUR, 2716 S U FT PIERCI STD RISE, ANI 125 SOUT FT PIERCI VPO GEARHAR 7200 S FE	S 1 E FL N R. TH 2 STREET E FL DT, BECKY EDERAL HIGH	WAY	DELETE DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-SI 3.1 TITLE 3.2 NAME 3.3 STREET	T-ZIP  ADDRESS T-ZIP  ADDRESS	MTR 222 Ft. DIR EDW 601 Ft. VPD DON	ECTORISCOLL 2 Colonial Rd Pierce, FL ECTOR ARD G ENNS Citrus Avenue Pierce, FL YATES	34948	Change	X Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WILLBUR, 2716 S U FT PIERCI STD RISE, ANI 125 SOUT FT PIERCI VPO GEARHAR 7200 S FE	S 1 E FL N R. TH 2 STREET E FL DT, BECKY EDERAL HIGH	WAY	DELETE DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-SI 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-SI 4.1 TITLE	T-ZIP  ADDRESS T-ZIP  ADDRESS	DIR 222 Ft. DIR EDW 601 Ft. VPD DON 780	ECTORISCOLL 2 Colonial Rd Pierce, FL ECTOR ARD G ENNS Citrus Avenue Pierce, FL YATES	34948	Change	X Addition  X Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLBUR, 2716 S U: FT PIERC STD RISE, ANI 125 SOUT FT PIERC VPD GEARHAR 7200 S FE FT PIERC	S 1 E FL N R. TH 2 STREET E FL DT, BECKY EDERAL HIGH	WAY	DELETE  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-SI 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI 5.1 TITLE 5.2 NAME 6.3 STREET 5.4 CITY-SI 5.4 CITY-SI 5.4 CITY-SI	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS	DIR 222 Ft. DIR EDW 601 Ft. VPD DON 780	ECTORISCOLL 2 Colonial Rd Pierce, FL ECTOR ARD G ENNS Citrus Avenue Pierce, FL  YATES W. Midway Rd	34948 34950	Change Change Change Change	X Addition  X Addition  Addition  Addition

6.4 CITY-ST-ZIP

14. I 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 suppliemental 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:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

8-7-98

561-878.4220

**FILED** 

Aug 19 1998 8:00am

Secretary of State