

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

DOCUMENT # 704161

(9)

1. Corporation Name

ST. LUCIE COUNTY INDEPENDENT INSURANCE AGENTS, I
NC.

Principal Place of Business

Mailing Address

125 S 2 STREET
FT. PIERCE FL 34950

125 S 2 STREET
FT. PIERCE FL 34950

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ENNS, EDWARD G.
601 CITRUS AVENUE
FT. PIERCE FL 34950

3. Date Incorporated or Qualified

06/12/1962

4. FEI Number

59-1389935

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLBUR, JR D G
STREET ADDRESS 2716 S US 1
CITY-ST-ZIP FT PIERCE FL

☐ DELETE

TITLE STD
NAME RISE, ANN R.
STREET ADDRESS 125 SOUTH 2 STREET
CITY-ST-ZIP FT PIERCE FL

☐ DELETE

TITLE VPD
NAME GEARHARDT, BECKY
STREET ADDRESS 7200 S FEDERAL HIGHWAY
CITY-ST-ZIP FT PIERCE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR
1.2 NAME MIKE DRISCOLL
1.3 STREET ADDRESS 2222 Colonial Rd
1.4 CITY-ST-ZIP Ft. Pierce, FL 34948

☐ Change ☒ Addition

2.1 TITLE DIRECTOR
2.2 NAME EDWARD G ENNS
2.3 STREET ADDRESS 601 Citrus Avenue
2.4 CITY-ST-ZIP Ft. Pierce, FL 34950

☐ Change ☒ Addition

3.1 TITLE VPD
3.2 NAME DON YATES
3.3 STREET ADDRESS 780 W. Midway Rd
3.4 CITY-ST-ZIP Ft. Pierce, FL 34979

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-98 561-878-9222

Date Daytime Phone #

CR2E037 (5/98)

FILED
Aug 19 1998 8:00am
Secretary of State

