## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 23 1997 8:00am Secretary of State

DOCUMENT # F41053

JOHN LAW INSURANCE AGENCY, INC.

JOHN LAW INS. AGENCY INC. 1107 BARCELONA DRIVE LADY LAKE, FLORIDA 33150

|                             |   | 952.750.44   | -, FLORIDA 3                     | Z 1 28   |  |
|-----------------------------|---|--|----------------------------------|--|--|
| Principal Place             | e of Business                               | Malling Hodress  | 13                               | e indiand titt minne india muint mernen tett a         | AMIS ALBES MENTE MINTE MINTE MENTE LANGE |
| % JOHN LAW<br>46-CURTISS-P/ | ADIOWAY-                                    | % John Law<br>4 <del>6 Curti88 Parkwa</del> y                                      | % JOHN LAW                       |  |  |
| MIAMI SPRING                | STEL 33186                                  | MIAMI SPRINGS PL 89100-5   | 219                              | 3. Date Incorporated or Qualified                      |  |
| Change of address O.        |   | 2 Only   | nly                              |  | 34. Date of Last Report<br>04/11/1996    |
|                             | lact of Business                            | 2a. Mailing Address  |                                  | 4. FEI Number  | Applied For                              |
| 21                          |   | 26   | 14.1                             | 59-2124792   | Not Applicable                           |
| Suite, Apt<br>22            | #, eld                                      | Suite, Apt. #, etc.  |                                  | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required           |
| City & State                | e   | City & State   |                                  | 6. Election Campaign Financing                         | \$5.00 May Be                            |
| 23                          | Country                                     | 28   | Co. mbr.                         | Trust Fund Contribution                                | Added to Fees                            |
| Zip<br>nal                  | Country                                     | Z(p  | Country                          | This corporation has liability for in Florida Statutes | ntangible tax under s. 199.032,          |
| 24                          | 25 Name and Address of                      | 29 Current Registered Agent  | 30                               | 10. Name and Address of New Reg                        |  |
| LAW                         | /, JOHN                                     |  | 81 Name                          |  |  |
|                             | YAWARA PARKWAY                              | JOHN LAW INS. AGE  | MOVING                           |  |  |
|                             | MI SPRINGS FL 33166                         | 1107 DADOEL ONA DE   | THE PER Add                      | ress (P.O. Box Number is Not Acceptable                | e)                                       |
| Line A                      | MI OLIMIACO I BANTINA                       | 1107 BARCELONA DI<br>LADY LAKE, FLORIDA  | RIVE 83                          |  | **************************************   |
|                             |   | LAUY LAKE, FLORIDA   | A 32160                          |  |  |
|                             |   | 352-750-4413   | 84 Oity                          |  | FL 85 Zip Code                           |
| 11. Pursuant I              | to the provisions of Sections 6             | 507.0502 and 607.1508, Florida Statute   | s. the above-named corp          | poration submits this statement for the pu             |  |
| office or re                | co-stered agent, or both, in the            | e State of Florida. Such change was at<br>e obligations of, Section 607,0505, Flor | uthorized by the corporal        | tion's board of directors. I hereby accept             | t the appointment as registered          |
| <del>"</del>                | штапыаг уща, ано ассерски                   | obligations of, Section 607,0005, riol   | ida Slaiules.                    |  |  |
| SIGNATURE                   | Signature, typied or printed hanto of regis | pered agent and tile if applicable (NOTE   | Registered Agent signature requi | ned when reinstating)                                  | DATE                                     |
| 12.                         |   | RS AND DIRECTORS   | I 13.                            | ADDITIONS/CHANGES TO OFFICE                            | ERS AND DIRECTORS IN 12                  |
| 1171 E                      | PST   | JOHN LAW ING. AG   | LENCY INC.                       |  | Change Addition                          |
| NAME                        | LAW, JOHN                                   | 1107 BARCELONA   | dawe :                           |  |  |
| STREET ADDRESS              | 46 OURTISS PARKWAY                          | LADY LAKE FLORE  | HASSING APPEN                    |  |  |
| CHY+S)+7IP                  | MIANI SPRINGS FL                            | 352-750-4413 <sub>ELETE</sub>  | 1.4 CITY-STZIP                   |  |  |
| TIFLE                       |   | SOZ-7 SU-1-TOELETE   | 2 1 1111.6                       |  | Change Addition                          |
| NAME                        |   |  | 2.2 NAME                         |  |  |
| STREET ADDRESS              |   |  | 2 3 STREET ADDRESS               |  |  |
| CFTM+ST+7PP                 |   | ·  | 2 4 CITY-ST-ZIP                  | · ·  |  |
| TILLE                       |   | ☐ DELETE   | 31 DTLE                          |  | Change Addition                          |
| NAME                        |   |  | 3.2 NAME                         |  |  |
| STREET ADDRESS              |   | . ,  | 3 3 STREET ADDRESS               | •  |  |
| 00 y - \$1 - 20             |   |  | 3.4. CITY-ST-ZIP                 |  |  |
| Till,E                      | 1   | ☐ DELETE   | 4.1 tiple:                       |  | Change Addition                          |
| NAME                        |   |  | 4. 2 NAME                        |  |  |
| STREET ADDRESS              |   |  | 4.3 STREET ADDRESS               |  |  |
| CITY - ST - 2)F             |   |  | 4.4 CITY-ST-ZIP                  |  | ······                                   |
| DILE                        |   | DELETE   | 5.1 TIYLE                        |  | ☐ Change ☐ Addition                      |
| NAME                        |   |  | 5.2 NAME                         |  |  |
| STREET ADDRESS              |   |  | 5.3 STREET ADDRESS               |  |  |
| C:TY - ST - ZIP             |   |  | 5.4 CITY-ST-ZIP                  |  |  |
| THUE                        |   | ☐ DELETE   | 6.1 TITLE                        |  | Change  Addition                         |
| NAM:                        | ll.   |  | 6.2 NAME                         |  |  |
| STREET ADDRESS              |   |  | 6.3 STREET ADDRESS               |  |  |
| CHY+S1+7IP                  |   |  | 6.4 CITY-ST-ZIP                  |  |  |
| 14 Ldo herel                | w certify that the information s            | supplied with this filing does not qualify   | for the exemption state          | d in Section 119.07(3)(i). Florida Statutes            | : I further certify that the             |

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 607, 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

4 19-97 352 730 44K