

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**- CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F57152 (3)

1. Corporation Name

JIM WEBSTER INSURANCE, INC.

Principal Place of Business

**3709 PALMIRA
TAMPA FL 33629
US**

Mailing Address

**PO BOX 32071
TAMPA FL 33679-2171
US**

**APPROVED
AND
FILED**

95 MAY -1 PM 12:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/04/1981	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2141778	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEBSTER, JAMES D. 3709 PALMIRA AVE TAMPA FL 33629	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	1.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	2.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	3.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	6.2 NAME	
CITY - ST - ZIP	CITY - ST - ZIP	6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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 individual or person employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an affidavit with no address.

SIGNATURE: *James D. Webster* **04-28-95** **813-835-1711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing