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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003256 (3)

1. Corporation Name

HOMEVEST INSURANCE AGENCY, INC.



Principal Place of Business

580 CALIFORNIA ST.
SAN FRANCISCO CA 94104-1000

Mailing Address

580 CALIFORNIA ST.
SAN FRANCISCO CA 94104-1000

2. Principal Place of Business

21 580 California St.

22 Suite, Apt. #, etc.

City & State

23 San Francisco, CA

Zip

24 94104

Country

25 USA

2a. Mailing Address

26 580 California St.

27 Suite, Apt. #, etc.

City & State

28 San Francisco, CA

Zip

29 94104

Country

30 USA

3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

06/05/1996

4. FEI Number

94-3223106

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

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CD
MARTIN, PRESTON
1896 PACIFIC AVE.
SAN FRANCISCO CA 94109

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CD
CHRISTIE, ROBERT A
1001 BRIDGEWAY BOX 605
SAUSALITO CA 94965

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PST
C. EARL CORKETT
32 FAIRWAY PLACE,
HALF MOON BAY CA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VTS
CORKETT, C. EARL
32 FAIRWAY PLACE
HALF MOON BAY CA 94019

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CAT
FREDRIC I. HEILBRUNN
123 CAMINO PABLO
ORINDAC CA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
HUNT, ELLEN
1566 SILVER TRAIL
NAPA CA 94558

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V D

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

P D

☒ Change ☐ Addition

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

S

Kimberly A. Haulk
186 12th Avenue
San Francisco, CA 94118

☒ Change ☐ Addition

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

T

Fredric I. Heilbrunn
2934 Fulton Street
San Francisco, CA 94118

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Earl Corkett, President

Tel: (415) 397-3278

April 8, 1997

CR2E034 (9/96)