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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996. DOCUMENT #
1. Corporation Name

F95000005863 (4)

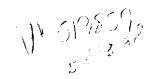
KEYCORP INSURANCE AGENCY INC.

Principal Place of Business

Mailing Address

127 PUBLIC SQUARE

127 PUBLIC SOHARE



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CLEVELAND OH 44114		CLEVELAND OH 44114					
		·			3. Date incorporated or Qualified 12/01/1995	3a. Date of La	st Report
	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21]		26	·		14-1745243		Not Applicable
Suite, Apl.	ede OH-01-27-0428	Suite, Apt. #, etc. 27 Mail code Ot	1-01-27	-0428	5. Certificate of Status Desired		.75 Additional ee Required
3	City & State 28		Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees			
Z(p)	Country 25	Zip [29]	Gount 30	ry 	B. This corporation has liability for in Florida Statutes	☐ No	ers 199.032,
	9. Name and Address of Current	Registered Agent		al v	10. Name and Address of New R	egistered Agent	
			В	1 Name			
	ORPORATION SYSTEM		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
	SOUTH PINE ISLAND ROAD	N. 4 / -				-,	
PLANT	ATION FL 33324	Same Ch	8:	3			
			8	1 City		loc l	7 - O- d-
	to the provisions of Sections 607.0502 a					FL 85	Zip Code
SIGNATURE	ed agent, or both, in the State of Florida th, and accept the obligations of, Section Stiped on typed or pulled name of registerical agent and	Ittic rapplicable (NC	Tt: Registered Ag	ent signature require	d when reinstatingt	DATE	
	OF LICERS AND I		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
I ILF	OP LADINAL LADIA	☐ DELETE	1 1 1 ITLE			☐ Chan	ge 🔲 Addition
NAM(KOPINSKY, JACK L		1.2 NAME	ļ			
THEEL ADDRESS	127 PUBLIC SQUARE		1.3 STREE	1 ADDRESS			
ON-ST ZIF	CLEVELAND OH 44114		1.4 C(TY-				
11_F	DINIOAY MANTO O	DELFTE	2 1 TITLE			☐ Chan	ge 🔲 Addition
AME	BINGAY, JAMES S		2 2 NAME				
THEFT ADDRESS	127 PUBLIC SQUARE		23 STREE	T ADDRESS			
lir Şt, Zir! luf	CLEVELAND OH 44114	ED DELETE	24 CITY -				
AM:	FALLON, GERALD A	DELETE	3 1 TITLE	- 1		Chan	ge 🔲 Addition
Jacob Address	127 PUBLIC SQUARE		3 2 NAME				
	CLEVELAND OH 44114			ET ADDRESS			
ITY ST-216 Tile	D OLEVELAND ON 44114	DELETE	3 4 CITY -				
IAME	JONES, ROBERT G	Florer	4. 1 TITLE			☐ Chanj	ge 🔲 Addition
THEE! ADDRESS	127 PUBLIC SQUARE		4.2 NAME				
TY-\$1-7 2	CLEVELAND OH 44114			T ADDRESS			
r.(E 	n	DELETE	4.4 CHY	51-ZIP			
AME	KLIMAS, DANIEL E	beccie				☐ Chang	ge 🔲 Addition
REEL ADDRESS	127 PUBLIC SQUARE		5 2 NAME	t Appende			
HY-S1 ZII	CLEVELAND OH 44114			T ADDRESS			
IIL ^E	D	□ DELFTE	5 4 C/TY-	51-711		Change	N
AMe	KOHL, JOHN E	☐	6.2 NAME			☐ Chang	e Addition
TREE! ADDRESS	127 PUBLIC SQUARE			T ADDRESS			
TY ST-ZP	CLEVELAND OH 44114						
	reduly that the information supplied with	this files is ustanted to feel	6.4 CITY -	51-ZIP			

Ldo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutas. 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 trust-se 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: