

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 24 PM 3:40

DOCUMENT # G00051 (4)

1. Corporation Name

RICHARD C. WOLFF INSURANCE AGENCY OF FLORIDA, INC.

Principal Place of Business

**124 LAGO VISTA BLVD.
CASSELBERRY FL 32707**

Mailing Address

**124 LAGO VISTA BLVD.
CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/15/1982** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2239681** 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. 199.042, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **108 STALLING LANE** 26 **BOX 182**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
LONGWOOD, FL **SWINTON SEC 7, MA**

24 Zip 25 Country 29 Zip 30 Country
32779 **MA** **01970**

9. Name and Address of Current Registered Agent

**ENTE, RUTH H.
124 LAGO VISTA BLVD.
CASSELBERRY FL 32707**

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 607.0509, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement on behalf of the corporation (if the corporation is a partnership, the signature of the partner or partners in charge of the partnership)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ENTE, RUTH H.
STREET ADDRESS	108 STALLING LANE
CITY, ST, ZIP	LONGWOOD, FL 32779
TITLE	P
NAME	WOLFF, RICHARD C.
STREET ADDRESS	108 STALLING LANE
CITY, ST, ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	
34 TITLE	☐ Change ☐ Addition
35 NAME	
36 STREET ADDRESS	
37 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 199.042, 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 liquidator of the corporation 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 liquidator of the corporation 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 liquidator of the corporation and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-94 831-8764