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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G55263** **(9)**

1. Corporation Name
DOUBERLEY AND ASSOCIATES INSURANCE, INC.

Principal Place of Business	Mailing Address
35356 S. R. 54 WEST ZEPHYRHILLS FL 33541	35356 S. R. 54 WEST ZEPHYRHILLS FL 33541-1942

3. Date Incorporated or Qualified: **08/23/1983**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21: 5518 7th St.
22: Suite, Apt. #, etc.
23: City & State: Zephyrhills Fl
24: Zip: 33540
25: County: Pasco

2a. Mailing Address
26: 5518 7th St.
27: Suite, Apt. #, etc.
28: City & State: Zephyrhills Fl
29: Zip: 33540
30: County: Pasco

4. FEI Number: **59-2325071** ☐ 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

DOUBERLEY, MYRA K.
35356 S.R. 54 WEST
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name: Douberley, Myra K
82 Street Address (P.O. Box Number is Not Acceptable): 5518 7th St.
83:
84 City: Zephyrhills **FL** 85 Zip Code: 33540

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: Myra K Douberley (NOTE: Registered Agent signature required when reinstating) DATE: 3-21-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOUBERLEY, MYRA K 35356 S.R. 54 WEST ZEPHYRHILLS, FL 00000 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Douberley, Myra K. 5518 7th St. Zephyrhills Fl 33540 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Myra K Douberley MYRA K Douberley 3-21-97 813 788-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #