

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # G73656 (2)**

1. Corporation Name

RIEDEL AGENCIES INSURANCE & TRAVEL INC.

FILED

95 FEB -7 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
% JAMES P. RIEDEL 3570 CONSUMER STREET, #1 RIVIERA BEACH FL 33404		% JAMES P. RIEDEL 3570 CONSUMER STREET, #1 RIVIERA BEACH FL 33404	
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	
RIEDEL, JAMES P. 3570 CONSUMER STREET #1 RIVIERA BEACH FL 33404		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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	RIEDEL, JAMES P	1.2 NAME	
STREET ADDRESS	3570 CONSUMER STREET #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	EATON, JUNE	2.2 NAME	
STREET ADDRESS	3570 CONSUMER STREET #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH, FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	RIEDEL, MARIE	3.2 NAME	
STREET ADDRESS	3570 CONSUMER STREET #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH, FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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 1807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

James P. Riedel
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR407-863-5207
Tallahassee, Florida