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Apr 21 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 # H00341

(8)

1. Corporation Name
EQUITY INSURANCE AGENCY, INC.



Principal Place of Business
5626 ATLANTIC AVE. N.
ST. PETERSBURG FL 33703

Mailing Address
5626 ATLANTIC AVE. N.
ST. PETERSBURG FL 33703-1216

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/24/1984

3a. Date of Last Report
04/26/1996

4. FEI Number
59-2422136

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

WELLS, CHRISTOPHER
ONE CORPORATE DR., STE 110
CLEARWATER FL 33520

10. Name and Address of New Registered Agent
81 Name Peter Wohlfelder
82 Street Address (P.O. Box Number is Not Acceptable)
5626 - Atlantic Ave No.
83
84 City St. Petersburg FL 85 Zip Code 33703

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 Peter Wohlfelder Peter Wohlfelder 4-15-97
Signature (Typed or printed name of registered agent and to be applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME DYGERT, STEPHEN
STREET ADDRESS 124 NE JEFFERSON CIR.
CITY-ST-ZIP ST. PETERSBURG FL
TITLE TS D
NAME WOHLFELDER, NORMA JANE
STREET ADDRESS 5626 ATLANTIC AVE NO.
CITY-ST-ZIP ST. PETERSBURG FL
TITLE P D
NAME WOHLFELDER, PETER
STREET ADDRESS 5626 ATLANTIC AVE N.
CITY-ST-ZIP ST. PETERSBURG FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Peter Wohlfelder Peter Wohlfelder 4-15-97 521-2099
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)