

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

PROFIT.
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H05419 (7)

1. Corporation Name

CORALWOOD INSURANCE, INC.



Principal Place of Business

2120 W 1ST ST.
1674 MENLO RD.
FT. MYERS FL 33901-4211

Mailing Address

2120 W 1ST ST.
1674 MENLO RD.
FT. MYERS FL 33901-4211

3. Date Incorporated or Qualified
05/29/1984

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 2120 W First St

26 P O Drawer 2120

4. FEI Number

59-2416615

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Ft Myers, FL

28 Ft Myers, FL

Zip Country

Zip Country

24 33901 25 Lee

29 33902-2120 30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOTT, JR., C. FRANKLIN
1674 MENLO RD.
FT. MYERS FL 33901

81 Name

Phillip Marion Gaylor

82 Street Address (P.O. Box Number is Not Acceptable)

3943 Roosevelt Ave.

83

84 City

Ft Myers

FL

85 Zip Code

33901

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 the date of filing

Phillip M. Gaylor

(NOTE: Registered Agent Signature required when reappointing)

1-17-96
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LOTT, C. FRANKLIN JR.
STREET ADDRESS 1674 MENLO RD.
CITY- ST- ZIP FT. MYERS FL
☐ DELETE

TITLE STD
NAME GAYLOR, PHILLIP MARION
STREET ADDRESS 3943 ROOSEVELT AVE.
CITY- ST- ZIP FT. MYERS FL
☐ DELETE

TITLE VP
NAME GAYLOR, DONNA L.
STREET ADDRESS 3943 ROOSEVELT AVENUE
CITY- ST- ZIP FT. MYERS FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Gaylor, Phillip Marion
1.3 STREET ADDRESS 3943 Roosevelt Ave.
1.4 CITY- ST- ZIP Ft Myers, FL 33901
☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME Lott, Jr., C. Franklin
2.3 STREET ADDRESS 1674 Menlo Rd.
2.4 CITY- ST- ZIP Ft Myers, FL 33901
☒ Change ☐ Addition

3.1 TITLE Treas/Sec
3.2 NAME Gaylor, Donna L.
3.3 STREET ADDRESS 3943 Roosevelt Ave.
3.4 CITY- ST- ZIP Ft Myers, FL 33901
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 (941)337-2221
DATE Daytime Phone #

CR2E034 (12/95)