FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H23380

(9)

ELY INSURANCE, INC.

Principal Place of Business Maising Address 834 LUCAS LANE 934 LUCAS LANE OLDSMAR FL 34677 US US				3. Date Incorporated or Qualified 3a. Date of Last Report	
				3. Date Incorporated or Qualified 10/01/1984	01/22/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 66/0	HANLEY 16		14 COURT	59-2460058	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Strit.	mpA, F/1	City & State 28 00509R	Fl	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 36	34 Country 25 H7/15 809000	6 29 34677 30	PINCHA9	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes ื No
	Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	istered Agent
334- PAL		Y TAMOA ROSD SOITE H OSMAR, FI. 34677		fress (P.O. Box Number is Not Acceptabl	FL 85 Zip Code
office or r agent. La	to the provisions of Sections 607,050, registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auth	norized by the corpora	poration submits this statement for the pa tion's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
SIGNATURE	Stgnature, typed of photod name of regelered age	on and ete it applicable (NOTE Re	egistered Agent signature requ	uired when roinstating)	DATE
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	ELY, WILLIAM C.		1.2 NAME	WOLL A WARRE	W AT
STREET ADDRESS	934 LUCAS LANE OLDSMAR FL		1.3 STREET ADDRESS	4954 AURORILL	24/22
CHY-ST-ZIP TITLE	DTS	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE	10103MAK, FI	Change Addition
NAME	ELY, GLENDA		V		~
STREET ADDRESS	934 LUCAS LN		2.3 STREET ADDRESS	1954 HURORACE	oul/
C(TY-ST-ZIP	OLDSMAR FL		2 4 CITY-S1-ZIP	1954 AURORA CO OlDSMAR, Fl.	3461°
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		טנונונ	5.1 TITLE		E⊓ Prænβe E⊓ Wασκρόμ
NAME CLOCK! ADDDDESS			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
IIIEE	l		O. I TITLE		LEONGING LE DUUIIION
NAME			6.2 NAME		

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Jan 14 1997 8:00am

Secretary of State

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