

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

FILED

Apr 11 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 # H46570

(8)

1. Corporation Name

MARSH POINTE INSURANCE, INC.

Principal Place of Business

11 S. 7TH ST  
FERNANDINA BCH FL 32035  
US

Mailing Address

P.O. BOX 1608  
PO BOX 1608  
FERNANDINA BCH FL 32035-1608  
US

2. Principal Place of Business

21 11 S. 7th St.

Suite, Apt. #, etc.

22 City & State

23 Fernandina Beach, Fl.

24 32034

25 Nassau

2a. Mailing Address

26 P.O. Box 1608

Suite, Apt. #, etc.

27 City & State

28 Fernandina Beach, Fl.

29 32035

30 Nassau

9. Name and Address of Current Registered Agent

BLACKWELDER, LYNETTE B.  
11 SOUTH 7TH STREET  
FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified

03/12/1985

3a. Date of Last Report

07/12/1996

4. FEI Number

59-2504143

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

10. Name and Address of New Registered Agent

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 obligation of, Section 607.0605, Florida Statutes.

SIGNATURE

Lynette B. Blackwelder

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PT	BLACKWELDER, LYNETTE	127 SOUTH 7TH ST	FERNANDINA BEACH FL
<input type="checkbox"/> DELETE			
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<input type="checkbox"/> DELETE			
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<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97

904-277-2135

CR2E034 (9/96)