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

**PROFIT** CORPORATION ANNUAL REPORT

1997

% RICHARD C. WITTERS 534 PINE MEADOW DRIVE DEBARY FL 32713

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H60415

(7)

TOTAL INSURANCE PLANNING, INC.

Principal Place of Business

Mailing Address

% RICHARD C. WITTERS 534 PINE MEADOW DRIVE DEBARY FL 32713

## **FILED** Feb 24 1997 8:00am Secretary of State

3a. Date of Last Report

12/02/1996



3. Date Incorporated or Qualified

06/03/1985

	lace of Business	2a, Mailing Address 0	·		4, FEI Numb	ær			App	01100101
21 フラブ ひ	outh Pine MEADOW DR	2a. Mailing Address Pourh Pi	ue inercor	W DR	59-254	6072			Not	Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificati	e of Status	Desired [	<b>)</b> \$	8.75 A Fee Re	
City & State  23 DeBA	ARY, FL	City & State  28 De BARY F	L		6. Election ( Trust Fun	Campaign d Contribu	· ·		\$5.00 Added to	•
<sup>Zip</sup> 3 2.7	Country 25	7ip 3 27/3	Country 10		8. This corp Florida Si		s liability for inte	ingible tax res		199.032,
31	9, Name and Address of Currer		-1	***************************************	10. Name an	d Address	of New Regis	tered Age	nt	
WITT	ERS, RICHARD C.		81 N	lame						
	CHARD C. WITTERS		<b>82</b> S	troot Aridro	ee (P.O. Boy N	umber is N	lot Accentable)	,		
	PINE MEADOW DRIVE		3	34 5	OUTH P	Ne 1	lot Acceptable)	ام در	R	
	ARY FL 32713		83				<u></u>			
040			84 C	Na				16	el Zin C	'ode
			184	Der	Y ARY			FL  °	"  <b>"</b>	2713
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	, the above-na	amed corpo	oration submits	this staten	ent for the pur	pose of ch	anging Its	s registered
office or t	registered agent, or both, in the State on familiar with, and accept the oblig	of Fiorida, Such change was au ations of Section 607 0505, Flor	ithorized by the ida Statutes	e corporation	on's board of d	irectors. I f	iereby accept t	he appoint	ment as	registered
Ÿ	The time that the consistence are		to claim of the							
SIGNATURE	Signarive itypod or printed name of registered ag-	ent and title if applicable (NOTE:	Registered Agent si	gnature require	d when reinstating)			DATE		
12.		D DIRECTORS	13.		ADDITION	IS/CHANG	ES TO OFFICE			
TULE	DPT	☐ DELETE	1.1 TITLE					Ly	Change	Addition
NAME	WITTERS, RICHARD C.		1.2 NAME							
						<i>^</i>				
STREET ADDRESS	534 PINE MEADOW DRIVE		1.3 STREET ADD	DRESS 53	4 South	Pine	meado	W DA	•	
	534 PINE MEADOW DRIVE DEBARY FL 32713		1.3 STREET ADD	DRESS 53	4 South BARY,	Pine FL	32713	W DA	<b>\</b>	
STREET ADDRESS CITY-ST-ZIP TITLE	DEBARY FL 32713	DELETE	1.3 STREET ADD 1.4 City-S1-Zi 2.1 Title						Change	Addition
CITY-ST-ZIP	DEBARY FL 32713 D WITTERS, MARIA J.	DÉLETE	2.1 TITLE 2.2 NAME						Change	Addition
CITY-ST-ZIP	DEBARY FL 32713 D WITTERS, MARIA J. 534 PINE MEADOW DRIVE	DELETE	2.1 TITLE						Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	DEBARY FL 32713 D WITTERS, MARIA J. 534 PINE MEADOW DRIVE	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-2 3.1 TITLE					W DR	Change	
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