

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 # H61810 (8)

1. Corporation Name

THE CONNELLY INSURANCE GROUP, INC.

Principal Place of Business

630 CHESTNUT STREET  
CLEARWATER FL 34616  
US

Mailing Address

PO BOX 2456  
CLEARWATER FL 34617  
US



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

CONNELLY, JOHN P  
630 CHESTNUT ST.  
CLEARWATER FL 34616

3. Date Incorporated or Qualified

06/13/1985

3a. Date of Last Report

01/13/1995

4. FEI Number

59-2541124

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DP  
CONNELLY, JOHN P.  
STREET ADDRESS  
630 CHESTNUT STREET  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ DELETE

NAME  
DS  
CONNELLY, MARILYN E  
STREET ADDRESS  
630 CHESTNUT ST.  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ DELETE

NAME  
V  
CONNELLY, KEVIN J.  
STREET ADDRESS  
630 CHESTNUT STREET  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ DELETE

NAME  
T  
CUNNINGHAM, ALANA D.  
STREET ADDRESS  
630 CHESTNUT STREET  
CITY-ST-ZIP  
CLEARWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(b), 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

Date

813-461-6044

Daytime Phone #

CR2E034 (12/95)