

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90123 005 ***150.00

DOCUMENT # H74200

1. Corporation Name

KERSHAW INSURANCE AGENCY, INC.

Principal Place of Business

**600 FLORIDA AVE.
COCOA FL 32922**

Mailing Address

**P.O. BOX 1924
COCOA LF 32923-1924
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1985

4. FEI Number

59-2570312

Applied For

Not Applicable

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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MEADOWS, DANIEL N.
653 BREVARD AVE.
COCOA FL 32922**

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
PD
KERSHAW, RUTH C.
STREET ADDRESS
1198 N. INDIAN RIVER DR.
CITY-ST-ZIP
COCOA FL

TITLE ☐ DELETE

NAME
STD
MEIER, DEAN W.
STREET ADDRESS
517 N. INDIAN RIVER DR.
CITY-ST-ZIP
COCOA FL

TITLE ☐ DELETE

NAME
VD
MEIER, COLETTE K.
STREET ADDRESS
517 N INDIAN RIVER DR
CITY-ST-ZIP
COCOA FL

TITLE ☐ DELETE

NAME
AS
MEIER, COLETTE K.
STREET ADDRESS
517 N INDIAN RIVER DR
CITY-ST-ZIP
COCOA FL

TITLE ☐ DELETE

NAME
AT
MEIER, COLETTE K.
STREET ADDRESS
517 N INDIAN RIVER DR
CITY-ST-ZIP
COCOA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dean W. Meier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

Date

407 636-1663

Daytime Phone #

CR2E034 (11/98)