

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H82871

(5)

1. Corporation Name

RIVARD INSURANCE AGENCY, INC.

Principal Place of Business

% CLAUDE G. RIVARD
5350-10TH AVE. N.
LAKE WORTH FL 33463

Mailing Address

% CLAUDE G. RIVARD
5350-10TH AVE. N.
LAKE WORTH FL 33463

APPROVED
AND
FILED

95 FEB 27 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/28/1985	3a. Date of Last Report 03/01/1994
4. FBI Number 59-2585797	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	

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	29

9. Name and Address of Current Registered Agent

RIVARD, CLAUDE G.
5350-10TH AVE. N.
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Claude G. Rivard - President (CLAUDE G. RIVARD) Feb 21, 1995

(Signature, typed or printed name of registered agent and his or her address)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT, SECRETARY-Treas ☒ Change ☐ Addition
NAME	RIVARD, CLAUDE G.	1.2 NAME	RIVARD, CLAUDE G.
STREET ADDRESS	13498 EXOTICA LN.	1.3 STREET ADDRESS	5350 10TH AVE N
CITY - ST - ZIP	W PALM BEACH FL	1.4 CITY - ST - ZIP	LAKE WORTH, FL 33463
TITLE	TS	2.1 TITLE	☐ Change ☐ Addition
NAME	RIVARD, GINETTE	2.2 NAME	DELETED
STREET ADDRESS	13498 EXOTICA LN.	2.3 STREET ADDRESS	
CITY - ST - ZIP	W PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 attached sheet with an address.

SIGNATURE:

Claude G. Rivard (CLAUDE G. RIVARD-PRES) 2-21-95 (00) 439-0790

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)