

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H86867** (9)

1. Corporation Name
RUPERT SMITH INSURANCE AGENCY, INC.



Principal Place of Business

**19 S. DESOTO AVENUE
ARCADIA FL 33821**

Mailing Address

**19 S. DESOTO AVENUE
ARCADIA FL 33821**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**BROWN, FLETCHER
124 NORTH BREVARD AVENUE
P.O. BOX 350
ARCADIA FL 33821**

3. Date Incorporated or Qualified
11/25/1985

3a. Date of Last Report
03/01/1995

4. FEI Number
59-2684292

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

Signature of officer or director or registered agent or trustee

Signature of officer or director or registered agent or trustee

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	SMITH, VIRGINIA	☒ DELETE
NAME			
STREET ADDRESS		904 W. IMOGENE STREET	
CITY-ST-ZIP		ARCADIA FL	
TITLE	STD	DONALDSON, COLLEEN S.	☐ DELETE
NAME			
STREET ADDRESS		2635 SW HILLSBOROUGH AVE	
CITY-ST-ZIP		ARCADIA FL	
TITLE	VD	FRAZIER, TERRI S.	☐ DELETE
NAME			
STREET ADDRESS		4480 NE HWY 70	
CITY-ST-ZIP		ARCADIA FL	
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 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)(k), 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: *Colleen S. Donaldson* Colleen S. Donaldson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-96 941-494-1613
DATE OF FILING FEE

CR2E034 (12/95)