

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
FILED

95 MAY -1 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J54077 (9)**  
1. Corporation Name  
**YOUNGBLOOD INSURANCE, INC.**

Principal Place of Business Mailing Address  
**2100 N.E. DIXIE HIGHWAY  
JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/23/1987** 3a. Date of Last Report **04/29/1994**  
4. FEI Number **59-2753637** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees  
7. 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 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**CARROLL, RICHARD KEITH JR.  
2100 N.E. DIXIE HIGHWAY  
JENSEN BEACH FL 34957**

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 |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>DPS</b>                       | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CARROLL, RICHARD KEITH JR</b> | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>2100 N.E. DIXIE HIGHWAY</b>   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | <b>JENSEN BEACH FL</b>           | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                                  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                  | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                  | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                                  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                  | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                  | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                                  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                  | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                  | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                                  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                  | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                  | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                                  | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 incorporator or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 as being (a), or on an attached form with an address.

SIGNATURE: *Richard Keith Carroll, Jr.* **Richard Keith Carroll, Jr.** **4/25/95** **(407) 334-3181**

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Number)