

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

**FILED**

**Mar 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # J68150 (8)**

**1. Corporation Name  
CARLOCK & ASSOCIATES INSURANCE, INC.**



**Principal Place of Business**  
4827 CORONADO PKWY  
CAPE CORAL FL 33904  
US

**Mailing Address**  
P.O. BOX 788  
CAPE CORAL FL 33910-0788  
US

**3. Date Incorporated or Qualified** 03/27/1987  
**3a. Date of Last Report** 05/01/1996

**4. FEI Number** 59-2782754  
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**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

**25** Country

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

**30** Country

**9. Name and Address of Current Registered Agent**  
CARLOCK, RONALD C  
4827 CORONADO PKWY  
CAPE CORAL FL 33904

**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 not aware of any other obligations of Section 607.1505, Florida Statutes.**

SIGNATURE: *Ronald C. Carlock* *Ronald C. Carlock V.P.* DATE: 3/18/97

(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

DELETE

**TITLE** PSD  
**NAME** CARLOCK, SANDRA  
**STREET ADDRESS** 231 HILLSIDE DR  
**CITY-ST-ZIP** KEWAGER IL

DELETE

**TITLE** VPTD  
**NAME** CARLOCK, RONALD C  
**STREET ADDRESS** 4808 PELICAN BLVD  
**CITY-ST-ZIP** CAPE CORAL FL

DELETE

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

DELETE

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

DELETE

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

**1.1 TITLE**

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

Change  Addition

**2.1 TITLE**

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

Change  Addition

**3.1 TITLE**

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

Change  Addition

**4.1 TITLE**

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

Change  Addition

**5.1 TITLE**

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

Change  Addition

**6.1 TITLE**

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY-ST-ZIP**

**14. I do 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.**

**SIGNATURE:** *Ronald C. Carlock V.P.* *Ronald C. Carlock* DATE: 3/18/97 OFFICE # 941 549 0224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)