

*** AMENDED ANNUAL Report**
File Now. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT

~~1995~~ 1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 20 PM 12:14

SECRETARY OF STATE
FLORIDA
FALL 1996
-11/20/96-01082-004
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT # J94857**

**STATE AUTO TAG AND INSURANCE Agency
of WEST PALM BEACH, INC.**

**713 N. MILITARY TRAIL
WEST PALM BEACH, FL 33415**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address

21 **SAME AS ABOVE**

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Principle Place of Business

26 **SAME AS ABOVE**

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

9-25-87

3a. Date of Last Report

2-7-96

4. FEI Number

65-0010893

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☐ **\$138.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CONLEY, Kelly
10100 N.W. 71 PLACE
TAMARAC, FL 33321**

SAME

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

86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 **Kelly Conley - P** **KELLY Conley** DATE **11-8-96**

12. OFFICERS AND DIRECTORS

1.1 TITLE **P/S/D**
1.2 NAME **Kelly CONLEY**
1.3 ADDRESS **10100 N.W. 71 PLACE**
1.4 CITY-ST-ZIP **TAMARAC, FL 33321**

2.1 TITLE **VICE PRES - ADD MARK S. ELLIS**
2.2 NAME
2.3 ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **D.**
3.2 NAME **KATHRYN, GORTON**
3.3 ADDRESS **7840 Hood ST.**
3.4 CITY-ST-ZIP **HOLLYWOOD, FL 33024**

4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE
1.2 NAME
1.3 ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE **ADD: MARK S. ELLIS** **V** = Vice Pres
2.2 NAME **2896 TENNIS CLUB DR. #402**
2.3 ADDRESS **West PALM Bch, FL 33417**
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE **Kelly Conley - P**

DATE **11-8-96**

Print/Type Name of Signing Officer or Director

Title(s)

Daytime Telephone Number

CR2034