

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

30 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K11604

(1)

1. Corporation Name

THE STONEHURST ORGANIZATION, INC.

2. Principal Place of Business

1 S.E. 3 AVENUE, SUITE 1500
MIAMI FL 33131

3. Mailing Address

1 S.E. 3 AVENUE, SUITE 1500
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1988

3a. Date of Last Report

08/26/1994

4. FET Number

59-2181734

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. Does corporation have liability for intangible tax under Chapter 207, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

2b. Mailing Address

26

3. State of Incorporation

22

3. State of Incorporation

27

4. City & State

23

4. City & State

28

5. Name

24

6. Name

25

7. Name

29

8. Name

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALVAR, DENISE
1 S.E. 3 AVENUE, SUITE 1500
MIAMI FL 33131

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 607.05(3) 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 607.05(3) Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent Extraordinary

Signature of New Registered Agent or Registered Agent Extraordinary

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

1. NAME	D MIOT, SANFORD
2. STREET ADDRESS	1 S.E. AVENUE STE 1500
3. CITY & STATE	MIAMI FL
4. NAME	
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. STREET ADDRESS	
15. CITY & STATE	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Law 95-139 (F.S. 607.05(3) Florida Statutes). I further certify that the information included 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 of this document or as an attachment with an address.

SIGNATURE X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95 305-377-1800

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

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AND
FILED

2024 SW 57 AVE
MIAMI, FL 33155

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K14001

(7)

1. Corporation Name:

KANNON & KANNON INSURANCE, INC.

Principal Place of Business:

2024 SW 57 AVE
MIAMI FL 33155
US

Mailing Address:

2024 SW 57 AVE
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification
02/05/1988

3a. Date of Last Report
06/16/1994

2. Existing Office of Corporation:

21

2a. Mailing Address:

26

4. FID Number:

65-0030179

Applied For

Not Applicable

22. State of Incorporation:

23. City & State:

24. Country:

27. State of Incorporation:

28. City & State:

29. Country:

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 independent fee under Chapter 607, Florida Statutes:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANONITZ, JAKE
6120 SW 13 TER
MIAMI FL 33144

81. Name:

82. Street Address, if Different from Name, Not Applicable

83.

84. City:

FL

85. Zip Code:

11. I, the undersigned, the president or chairman of the board, or the chief executive officer of the corporation, hereby certify that the information furnished in this report is true and correct, and that the corporation has complied with the provisions of Chapter 607, Florida Statutes, and that the corporation has not been convicted of a crime under Chapter 607, Florida Statutes, and that the corporation has not been convicted of a crime under Chapter 607, Florida Statutes, and that the corporation has not been convicted of a crime under Chapter 607, Florida Statutes.

SIGNATURE

Signature of the person who signed the report as required by Chapter 607, Florida Statutes.

Signature of the person who signed the report as required by Chapter 607, Florida Statutes.

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME

P
KANONITZ, JAKE
6120 SW 13 TER
MIAMI FL

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

VT
KANONITZ, CLAUDIA P.
6120 SW 13 TER
MIAMI FL

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

S
KANONITZ, APRIL L
6120 SW 13 TER
MIAMI FL

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jake Kanonitz

265-9522