

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

DOCUMENT # K29333

(7)

1. Corporation Name

ALICE CARTER INSURANCE AGENCY, INC.

Principal Place of Business

120 VENETIAN WAY
#15
MERRITT ISLAND FL 32953
US

Mailing Address

PO BOX 540809
#15-E-MERRITT ISLAND-09WY
MERRITT ISLAND FL 32954-0809
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 Mailing Address

25 P.O. Box 540309

26 Suite, Apt. #, etc.

27 Merritt Island

28 City & State

29 FL

30 Zip

31 32954-0309

32 USA

9. Name and Address of Current Registered Agent

PARZEK, ALICE T.
120 VENETIAN WAY #15
MERRITT ISLAND FL 32953

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/01/1988

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2901236

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

Alice T. Parzek

(NOTE: Registered Agent signature required when terminating)

DATE

4/11/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME PARZEK, ALICE T.
STREET ADDRESS 570 BELAIR AVENUE
CITY - ST - ZIP MERRITT ISLAND FL 32952

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13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
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4.1 TITLE
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5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

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

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14. I 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)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

Alice T. Parzek

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

4/11/95 407-452-8349