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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # **K68400** (6)
1. Corporation Name
FORT INSURANCE AGENCY, INC.



Principal Place of Business

**5670 COUNTRY LAKES DR.
SARASOTA FL 34243**

Mailing Address

**5670 COUNTRY LAKES DR.
SARASOTA FL 34243**

3. Date Incorporated or Qualified
02/24/1989

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

21 **4809 PALM AIRE DR**
Suite, Apt. #, etc.

2a. Mailing Address

26 **4809 PALM AIRE DR**
Suite, Apt. #, etc.

City & State

23 **SARASOTA FL**

City & State

28 **SARASOTA FL**

24 **34243**
Country

25 **FLORIDA**
Country

29 **34243**
Country

30 **MANATEE**
Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORTIN, RONALD
5670 COUNTRY LAKES DR.
SARASOTA FL 34243**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4809 PALM AIRE DR

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 **Ronald Fortin**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/23/97**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **FORTIN, RONALD**
STREET ADDRESS **5670 COUNTRY LAKES DR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VPD** ☐ DELETE
NAME **FORTIN, GAYLE**
STREET ADDRESS **5670 COUNTRY LAKES DR.**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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*****165.00**

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 119.07(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 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 Fortin** **RONALD FORTIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/23/97** (941) 351-7799
Date Daytime Phone #

CR2E034 (12/95)