

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 21 1998 8:00am  
Secretary of State

DOCUMENT # **K68400**

(6)

1. Corporation Name

**FORT INSURANCE AGENCY, INC.**

Principal Place of Business

**4809 PALM AIRE DR  
SARASOTA FL 34243**

Mailing Address

**4809 PALM AIRE DR  
SARASOTA FL 34243**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/24/1989**

4. FEI Number

**65-0101409**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **3810 75TH TERRACE E**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **SARASOTA, FL**

27 City & State

28

24 Zip

25 **34243**

Country

29 Zip

30

Country

9. Name and Address of Current Registered Agent

**FORTIN, RONALD**

**4809 PALM AIRE DR- 5820 HELEN WAY  
SARASOTA FL 34243**

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

11. Pursuant to the provisions of Sections 607.0102 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

**4/12/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
FORTIN, RONALD**  
STREET ADDRESS **4809 PALM AIRE DR  
SARASOTA FL 34243**  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME **VPO  
FORTIN, GAYLE**  
STREET ADDRESS **3810 75 TH TERR EAST  
SARASOTA FL**  
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

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

**5820 HELEN WAY**

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

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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

14. I 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 Fortin*

**RONALD FORTIN**

**4/12/98 (941) 358-0653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # **0456050**

CR2E034 (10/97)