

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

DOCUMENT # **L27865**

(9)

THE CHAMBERS INSURANCE AGENCY, INC.



1. Name of Business

2. Mailing Address

% CURTIS A. LITTMAN
1855 S KANNER HWY SUITE 6
STUART FL 34994

% CURTIS A. LITTMAN
1855 S KANNER HWY SUITE 6
STUART FL 34994

3. Date of Preparation of Report

11/03/1989

3a. Date of Last Report
04/25/1995

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2a. Mailing Address

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g. Name and Address of Current Registered Agent

LITTMAN, CURTIS A.
1855 S KANNER HWY
SUITE 6
STUART FL 34994

3. Date of Preparation of Report

3a. Date of Last Report

4. FEE Number
65-0158593

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

10. Name and Address of New Registered Agent

81

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

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84 City

FL 85 Zip Code

11. The undersigned, as president of the corporation, hereby certifies that the above information is true and correct to the best of his knowledge and belief, and that he is duly qualified to act as a registered agent for the corporation in the State of Florida. He further certifies that he is a resident of the State of Florida and is qualified to act as a registered agent for the corporation in the State of Florida. He further certifies that he is a resident of the State of Florida and is qualified to act as a registered agent for the corporation in the State of Florida.

12. Name and Address of Officer or Director

D
IRMIGER, DON
900 E OCEAN BLVD STE 232
STUART FL

13. Name and Address of Officer or Director

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. The undersigned, as president of the corporation, hereby certifies that the above information is true and correct to the best of his knowledge and belief, and that he is duly qualified to act as a registered agent for the corporation in the State of Florida. He further certifies that he is a resident of the State of Florida and is qualified to act as a registered agent for the corporation in the State of Florida. He further certifies that he is a resident of the State of Florida and is qualified to act as a registered agent for the corporation in the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Jan 96

CR2E034 (12/95)