

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -8 AM 10:14

DOCUMENT # L67733 (0)

1. Corporation Name

RODES-ROPER-LOVE INSURANCE AGENCY, INC.

Principal Place of Business

**930 S. HARBOR CITY BLVD. #402
MELBOURNE FL 32901**

Mailing Address

**930 S. HARBOR CITY BLVD. #402
MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/20/1990

3a. Date of Last Report

04/27/1994

4. FEI Number

59-3004517

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

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 intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NASH, CHARLES IAN
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901**

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST**
NAME **TOOLEY, DAVID R**
STREET ADDRESS **653 CANDLEWOOD WAY**
CITY - ST - ZIP **MELBOURNE FL**

1.1 TITLE **P**
1.2 NAME **Richard P. Love**
1.3 STREET ADDRESS **930 S. Harbor City Blvd.**
1.4 CITY - ST - ZIP **Melbourne, Fla. 32901**

☐ Change ☒ Addition

TITLE **DV**
NAME **TOOLEY, DAVID R.**
STREET ADDRESS **653 CANDLEWOOD WAY**
CITY - ST - ZIP **MELBOURNE FL**

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

☐ Change ☐ Addition

TITLE **D**
NAME **HUGE, HARRY**
STREET ADDRESS **606 BOYLE LANE**
CITY - ST - ZIP **MCCLEAN VA**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE **DV**
NAME **LOVE, PHILIP W. II**
STREET ADDRESS **3216 BIRD SONG COURT**
CITY - ST - ZIP **MELBOURNE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

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 110.07(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, even on an attachment with an address.

SIGNATURE:

David R. Tooley

May 30, 1995

(407) 984-8870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Anytime (Form 1)