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

PROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Şandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L73507 **DOCUMENT #** 

(0)

JOHNSON & MILLER INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address



1195 N. MILITARY TRAIL SUITE #9 W. PALM BEACH FL 33409		SUITE #9	1195 N. MILITARY TRAIL SUITE #9 W. PALM BEACH FL 33409		Date Incorporated or Qualified     05/14/1990	3a. Date of Last Report 05/01/1995	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 1225 1	V.Military Trail	26 1225 N.M.	itary	lozal	65-0192002	Not Applicable	
Suite, Apt. #	, etc.	Surte, Apt. #, etc.	,,,,,	7.		\$8.75 Additional	
22 Sul	te #2	27 Suite=	#み		5. Certificate of Status Desired	Fee Required	
City & State		City & State		<b>4.</b>	6. Election Campaign Financing	55.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Ziρ	Country	Z.p			8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	1001		Florida Stalutes Yes No		
	9. Name and Address of Curren	Hegistered Agent		T No	10. Name and Address of New R	egistered Agent	
			81	Name			
MILLER, ORLAND 2810 POXHALL DRIVE				Street Ac	Street Address (P.O. Box Number is Not Acceptable)		
				ļ			
W. PALM	I BEACH FL 33417		83				
-			84	City		85 Zip Code	
				<u> </u>			
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. Thereby accept the appointment as registered agent. Lann familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
	Signature typed or printed hancilot registered agents			1 signature regi	ered when renatifying	DAT:	
12. TITLE	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
		☐ DELETE	1 1 T.TLE	ļ		Change Addition	
NAME	JOHNSON, BRENDA		1.2 NAME		and at mit the Time	.>1 +b-n	
STREET ADDRESS	1195 N. MILITARY TRAIL		1.3 STREET	ADDRESS	1225 N.Military Tro		
CITY - ST - ZIP	WEST PALM BEACH FL	****	1.4 Cily - 9				
TITLE	DST	DELETE	2 1 THLE		1225 N. Wilto	Change 🔲 Addition	
NAME	MILLER, MARY		2.2 NAME		1223 10: 1 HUCH	-> Trail#2	
STHEEL ADDRESS	2810 FOXHALL DR E		23 STREET	ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL	·	2.4 CITY - 9				
TITLE	V	☐ DELETE	3 1 THTLE		1235 N. M.J.	Change 🔲 Addition	
NAME	MILLER, ORLAND		3.2 NAME		1225 N. M.J.	law tr. #	
STREET ADDRESS	2810 FOXHALL DR E		33 STREE	T ADDRESS			
CITY ST-ZIF	WEST PALM BEACH FL	Fine ere	3.4 CITY - S	37 - 71P			
TITLE		☐ DELETE	4 3 TI*LE			Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS		İ	
CITY-ST-ZIF		The second	4.4 CITY - S	T · ZIE			
TITLE		DELETE	5 LTHLE		40000182	2681 4198 - Addition	
NAME			5.2 NAME		-05/20/9601004012		
STREET ADDRESS			5.3 STREET		***200.00		
C(TY - ST - ZiF		The see	5 4 CITY - S	1 - 21F			
TITLE		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition	
NAME			6 2 NAME			C/ - 191	
STREET ADDRESS			63STREFT	ADDRESS			
CITY - ST - ZIF	and feeting the information		64 CITY - S	T-ZIP			
• • • · · · · · · · · · · · · · · · · ·	certify that the information supplied w	iju rois tang is voluntanly turn	isned and doe	s not qualify	for the exemption stated in Section 119.0	77(3)(k), Florida Statutes. I further	

GNATURE:

SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

Other Person of the exemption stated in Section 119.07(3)(k), Florida Statutes I florithm 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

Daylor for the exemption stated in Section 119.07(3)(k), Florida Statutes I florithm certify 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; I florithm continue 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, I florithm continue 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, I florida 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, I florida 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, I florida Under oath; that I am an officer or director of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR