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

APPROVED AND FILED

95 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L85565** **(4)**

1. Corporation Name

SOUTHGATE INSURANCE AGENCY OF POMPANO BEACH, INC

Principal Place of Business	Mailing Address
246 NO FEDERAL HIGHWAY **POMPANO BEACH FL 33062**	**246 NO FEDERAL HIGHWAY** **POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1990**

3a. Date of Last Report: **05/01/1994**

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 | County — 25 | Zip — 29 | County — 30

4. FEI Number: **65-0198263** ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

APPLEGATE, FRED W. III
246 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

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 607.0502 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
16 TITLE	**PD**	15 TITLE	☐ Change ☐ Addition
17 NAME	**APPLEGATE, FRED W. III**	17 NAME	
18 STREET ADDRESS	**246 N. FED. HWY**	18 STREET ADDRESS	
19 CITY ST ZIP	**POMPANO BEACH FL**	19 CITY ST ZIP	
20 TITLE	**VD**	21 TITLE	☐ Change ☐ Addition
21 NAME	**ASMAR, E.H.**	22 NAME	
22 STREET ADDRESS	**246 N. FED. HWY**	23 STREET ADDRESS	
23 CITY ST ZIP	**POMPANO BEACH FL**	24 CITY ST ZIP	
24 TITLE	**SD**	25 TITLE	☐ Change ☐ Addition
25 NAME	**APPLEGATE, CAROLYN B.**	26 NAME	
26 STREET ADDRESS	**246 N FEDERAL HWY**	27 STREET ADDRESS	
27 CITY ST ZIP	**POMPANO BEACH FL**	28 CITY ST ZIP	
28 TITLE	**TD**	29 TITLE	☐ Change ☐ Addition
29 NAME	**MARSHALL, CATHERINE L**	30 NAME	
30 STREET ADDRESS	**246 N FEDERAL HWY**	31 STREET ADDRESS	
31 CITY ST ZIP	**POMPANO BCH FL**	32 CITY ST ZIP	
32 TITLE		33 TITLE	☐ Change ☐ Addition
33 NAME		34 NAME	
34 STREET ADDRESS		35 STREET ADDRESS	
35 CITY ST ZIP		36 CITY ST ZIP	
36 TITLE		37 TITLE	☐ Change ☐ Addition
37 NAME		38 NAME	
38 STREET ADDRESS		39 STREET ADDRESS	
39 CITY ST ZIP		40 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 with an address, with an asterisk, or upon an attachment with an address.

SIGNATURE: F. W. Applegate, III (PD) 4/24/95 305 942 4400

SIGNATURE OF, AND TYPED OR PRINTED NAME OF, SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0104316 CP