

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M72505** (4)

1. Corporation Name

**SARASOTA INSURANCE AGENCY, INC.**



Principal Place of Business

Mailing Address

**1266 PALM AVE  
1550 RINGLING BLVD  
SARASOTA FL 34236  
US**

**1550 RINGLING BLVD  
SARASOTA FL 34236-6749  
US**

2. Principal Place of Business

2a. Mailing Address

21 **1266 Palm Ave. N.**  
Suite, Apt. #, etc.

26 **1266 Palm Ave. N.**  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Sarasota, FL**

28 **Sarasota, FL**

24 Zip **34236** 25 Country **USA**

29 Zip **34236** 30 Country **USA**

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**03/11/1988**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**NOT APPLICABLE**

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 s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**LAMBRECHT, WILLIAM G.  
1550 RINGLING BLVD.  
SARASOTA FL 34236**

81 Name

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

**200 S. Orange Ave.**

83

84 City **Sarasota**

FL

85 Zip Code  
**34236**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block of registered agent, if different from above

(NOTE: Registered Agent signature must be in cursive handwriting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D CARLSON, ARNOLD A.**  
STREET ADDRESS **1266 N. PALM AVENUE**  
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.2 NAME

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 STREET ADDRESS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 119.07(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 this 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, or both, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Arnold A. Carlson**

**6-26-96 941-3660670**

Date

Daytime Phone

CR2E034 (12/95)