

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M90792** (6)

1. Corporation Name

**STANFORD & CO. INSURANCE CONSULTANTS, INC.**



Principal Place of Business

3114 EGRET TERRACE  
SUITE 404  
SAFETY HARBOR FL 34695  
US

Mailing Address

2519 MCMULLEN BOOTH RD  
SUITE 510-244  
CLEARWATER FL 34621  
US

3. Date Incorporated or Qualified  
**07/25/1988**

3a. Date of Last Report  
**05/23/1995**

2. Principal Place of Business

21 **2537 FRISCO DRIVE**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

**CLEARWATER, FL**

28 City & State

24 Zip **34621** 25 Country **USA**

29 Zip 30 Country

4. FEI Number  
**58-2905583**

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

9. Name and Address of Current Registered Agent

STANFORD, MARY  
3114 EGRET TERRACE  
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name **STANFORD MARY L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2537 FRISCO DRIVE**  
83  
84 City **CLEARWATER** FL 85 Zip Code **34621**

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 imposed by, Sections 607.05, Florida Statutes.

SIGNATURE

*Mary L. Stanford*

**MARY L. STANFORD, PRESIDENT** 4-24-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PST	STANFORD, MARY L.	701 ENTERPRISE RD EAST, STE 404	SAFETY HARBOR FL	<input type="checkbox"/>
D	STANFORD, MARY L.	701 ENTERPRISE RD EAST, STE 404	SAFETY HARBOR FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
DPST	STANFORD, MARY L.	2537 FRISCO DRIVE	CLEARWATER, FL 34621	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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, with an attachment with an address.

SIGNATURE:

*Mary L. Stanford*

**MARY L. STANFORD, PRESIDENT** (813) 797-7966  
4-24-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Distance Printed

CR2E034 (12/95)