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Mar 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22403 (2)

1. Corporation Name

PROFESSIONAL INSURANCE AGENTS OF CENTRAL FLORIDA
, INC.

Principal Place of Business

Mailing Address

815 ORIENTA AVE
STE 5
ALTAMONTE SPRINGS FL 32701
US815 ORIENTA AVE
STE 5
ALTAMONTE SPRINGS FL 32701-5800
US3. Date Incorporated or Qualified
09/09/19873a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 947652
Suite, Apt. #, etc.26 P.O. Box 947652
Suite, Apt. #, etc.4. FEI Number
59-2979010Applied For
Not Applicable

22 City & State

27 City & State

23 Maitland FL 32794-7652
Zip Country28 Maitland FL 32794-7652
Zip Country5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. 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

WILSON, MICHAEL S
815 ORIENTA AVE
STE 5
ALTAMONTE SPRINGS FL 3270181 Name Silverman, Ronald N.
82 Street Address (P.O. Box Number is Not Acceptable)
770 Deltona Blvd., Suite B
83
84 Deltona FL 32725
85 Zip Code11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.SIGNATURE *Ronald N. Silverman Pres.*3/7/97
DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	XXX DELETE
NAME	LANGSTON, ED	
STREET ADDRESS	500 E HWY 436 STE 16	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	STD	XX DELETE
NAME	AVIS, MARY LOU	
STREET ADDRESS	1053 NO ORLANDO AVE SUITE 3	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMWOOD, VINCE	
STREET ADDRESS	5088 NORTH LANE	
CITY-ST-ZIP	ORLANDO FL 32808-2106	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEORGI, SAM	
STREET ADDRESS	407 LAKE HOWELL RD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, RON	
STREET ADDRESS	2109 SAXON BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARRIER, JEANETTE	
STREET ADDRESS	5542 LAKE HOWELL RD	
CITY-ST-ZIP	WINTER PARK FL 32792	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SILVERMAN, RONALD N.	
1.3 STREET ADDRESS	770 DELTONA BLVD., STE. B	
1.4 CITY-ST-ZIP	DELTONA FL 32725	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FOLEY, WARREN L.	
2.3 STREET ADDRESS	3723 E. COLONIAL DR.	
2.4 CITY-ST-ZIP	ORLANDO FL 32803	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	YEARICK, BILL	
3.3 STREET ADDRESS	1790 PERUVIAN LN.	
3.4 CITY-ST-ZIP	WINTER PARK FL 32792	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald N. Silverman RONALD N. SILVERMAN

3/7/97

407 860-0001

CR2E037 (9/96)