

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N93000005597 (0)

1. Corporation Name

SHARED MARKET INSURANCE SERVICES, INC.



Principal Place of Business

1515 RINGLING BLVD.
STE. 950
SARASOTA FL 34236

Mailing Address

P.O. BOX 4177
SARASOTA FL 34230-4177

3. Date Incorporated or Qualified
12/14/1993

3a. Date of Last Report
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number
59-3215470

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

10. Name and Address of New Registered Agent

NEWMAN, JAMES W JR.
215 SOUTH MONROE ST., SUITE 440
TALLAHASSEE FL 32301

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KUMMER JOHN
STREET ADDRESS 1515 RINGLING BLVD. STE. 950
CITY-ST-ZIP SARASOTA FL 34236 ☒ DELETE

TITLE SD
NAME DUBOUR ALITA L.
STREET ADDRESS 1515 RINGLING BLVD. STE. 950
CITY-ST-ZIP SARASOTA 34236 ☒ DELETE

TITLE TD
NAME MCCRARY JESSE J.
STREET ADDRESS 2800 BISCAYNE BLVD. STE. 800
CITY-ST-ZIP MIAMI FL 33150 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☐ Change ☒ Addition

1.2 NAME Joseph W. Cameron
1.3 STREET ADDRESS 1835 S. Ridgewood Avenue
1.4 CITY-ST-ZIP South Daytona, Florida 32119 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME William A. Barnhill
2.3 STREET ADDRESS 501 N. Ferdon Blvd.
2.4 CITY-ST-ZIP Crestview, Florida 32536 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME Richard C. Brewer
3.3 STREET ADDRESS 50 N. Laura Street
3.4 CITY-ST-ZIP Jacksonville, Florida 32202 ☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME Gene Caruthers
4.3 STREET ADDRESS 2882 A. Remington Green Circle
4.4 CITY-ST-ZIP Tallahassee, Florida 32308 ☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME John P. Kaiser
5.3 STREET ADDRESS 31 Ocean Reef, Suite A202
5.4 CITY-ST-ZIP Key Largo, Florida 33037 ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH W. CAMERON 4/13/96 904/7675363

CR2E037 (12/95)