

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P06114 (3)

1. Corporation Name

INVEST FINANCIAL CORPORATION INSURANCE AGENCY IN
C. OF MARYLAND

Principal Place of Business

5404 CYPRESS CTR DR STE 300
P. O. BOX 31536
TAMPA FL 33631-0536

Mailing Address

5404 CYPRESS CTR DR STE 300
P. O. BOX 31536
TAMPA FL 33631-0536



3. Date Incorporated or Qualified
05/20/1985

3a. Date of Last Report
04/28/1995

4. FEI Number

52-1371150

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

2. Principal Place of Business

2a. Mailing Address

21 2701 N. Rocky Point Dr.

26 2701 N. Rocky Point Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7th Floor

27 7th Floor

City & State

City & State

23 TAMPA FL

28 TAMPA FL

Zip

Country

Zip

Country

24 33607

25

29 33607

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed below of registered agent and director

(If FEI Registered Agent signature required, check here)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
GACKLE, MERLIN R
STREET ADDRESS 5404 CYPRESS CENTER DR., #300
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME T
NEWTON, LOUIS H.
STREET ADDRESS 5404 CYPRESS CNTR DR 300
CITY-ST-ZIP TAMPA FL

TITLE ☒ DELETE

NAME S
WDOWIAK, THEODORE T
STREET ADDRESS 5404 CYPRESS CENTER DR., 300
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME 2701 N. Rocky Point Dr. 7th Floor
13 STREET ADDRESS TAMPA FL 33607
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME 2701 N. Rocky Point Dr. 7th Floor
23 STREET ADDRESS TAMPA FL 33607
24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition

32 NAME MYRA N. Oquist
33 STREET ADDRESS 2701 N. Rocky Point Dr. 7th Floor
34 CITY-ST-ZIP TAMPA FL 33607

41 TITLE ☐ Change ☒ Addition

42 NAME Assistant Treasurer
JEAN M. McIntosh
43 STREET ADDRESS 2701 N. Rocky Point Dr. 7th Floor
44 CITY-ST-ZIP TAMPA FL 33607

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 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, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN M. McIntosh

4/29/96

(813)-289-5703

Daytime Phone

CR2E034 (12/95)