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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000003154 (1)

1. Corporation Name
FLORIDA HOMEBUYERS INSURANCE, INC.



Principal Place of Business

9801 GULF DR.
STE #5
ANNA MARIA FL 34216
US

Mailing Address

PO BOX 4239
9801 GULF DR. STE 5
ANNA MARIA FL 34216-4239
US

3. Date Incorporated or Qualified
11/03/1992

3a. Date of Last Report
02/14/1996

4. FEI Number
65-0378866

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

21 3607 E Bay Drive
Suite, Apt. #, etc.

22 Unit 111

23 Holmes Beach FL
City & State

24 34217 25 US
Zip Country

2a. Mailing Address

26 PO Box 1164
Suite, Apt. #, etc.

27
28 Holmes Beach FL.
City & State

29 34216 30 US
Zip Country

9. Name and Address of Current Registered Agent

GLANZ, REYNOLD L
9801 GULF DRIVE
ANNA MARIA FL 34216

10. Name and Address of New Registered Agent

81 Name GLANZ, Reynold L.

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

83 3607 E Bay Drive

Unit 111

84 City Holmes Beach FL 85 Zip Code 34217

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 *Reynold L. Glanz* *Reynold L. Glanz* DATE 1-30-97
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GLANZ, REYNOLD L
STREET ADDRESS 9801 GULF DRIVE
CITY-ST-ZIP ANNA MARIA FL 34216

TITLE D ☐ DELETE
NAME Glanz, Reynold L.
STREET ADDRESS 3607 E Bay Drive
CITY-ST-ZIP Unit 111 Holmes Beach FL 34217

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Reynold L. Glanz* *Reynold L. Glanz* DATE 1-30-97 941 778.4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)