

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000008194 (1)

1. Corporation Name

INTERNATIONAL BROKERAGE AND SURPLUS LINES, INC.



Principal Place of Business

120 EAST PINE ST
SUITE 11
LAKEAND FL 33801
US

Mailing Address

120 EAST PINE ST
SUITE 11
LAKEAND FL 33801
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HOLLIDAY, CLYDE J III
120 EAST PINE ST
SUITE 11
LAKEAND FL 33801

3. Date Incorporated or Qualified
02/01/1993

3a. Date of Last Report
07/07/1995

4. FEI Number
59-3165272

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

10. Name and Address of New Registered Agent

81 Name
CLYDE J. HOLLIDAY IV
82 Street Address (P.O. Box Number is Not Acceptable)
120 E. PINE STREET
83 SUITE 11
84 City
LAKEAND FL 85 Zip Code
33801

11. Pursuant to the provisions of Sections 607.0702 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Clyde Holliday

Date of Signature (Applicable to corporations only)

Jan. 16, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HOLLIDAY, CLYDE J IV
STREET ADDRESS 918 E. PALMETTO STREET
CITY-ST-ZIP LAKEAND FL 33801 ☐ DELETE

TITLE D
NAME HOLLIDAY, CLYDE J III
STREET ADDRESS 2120 JOHN ARTHUR WAY
CITY-ST-ZIP LAKEAND FL 33803 ☐ DELETE

TITLE D
NAME HOLLIDAY, RAYMOND G
STREET ADDRESS 7410 UNION GROVE ROAD
CITY-ST-ZIP LITHONIA GA 30058 ☒ DELETE

TITLE SECRET
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

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 931 E. PALMETTO ST.
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE SECRETARY
42 NAME JILL A. HOLLIDAY
43 STREET ADDRESS 931 E. PALMETTO ST.
44 CITY-ST-ZIP LAKEAND, FL 33801 ☒ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Clyde Holliday

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 16, 1996 941-687-2946

CR2E034 (12/95)