

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019145 (0)

1. Corporation Name

ASSOCIATED INDUSTRIES OF FLORIDA INSURANCE SERVI
CES, INC.

Principal Place of Business

516 NORTH ADAMS STREET
TALLAHASSEE FL 32301

Mailing Address

P O BOX 784
TALLAHASSEE FL 32302
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/15/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3170795

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

6. This corporation has liability for intangible tax under C. 100.032,
Florida Statutes

☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEBEL, JON L
516-NORTH ADAMS STREET
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 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 name of registered agent and title of agent

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHEBEL, JON L
STREET ADDRESS	516 NORTH ADAMS STREET
CITY ST ZIP	TALLAHASSEE FL 32301
TITLE	D
NAME	WEST, ROBERT W
STREET ADDRESS	516 NORTH ADAMS STREET
CITY ST ZIP	TALLAHASSEE FL 32301
TITLE	D
NAME	WHITE, FRANK T
STREET ADDRESS	516 NORTH ADAMS STREET
CITY ST ZIP	TALLAHASSEE FL 32301
TITLE	D
NAME	YON, DAVID P
STREET ADDRESS	516 NORTH ADAMS STREET
CITY ST ZIP	TALLAHASSEE FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	☒ Change ☐ Addition
17 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	C/D	☒ Change ☐ Addition
27 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
37 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
47 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
57 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
67 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

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****200.00 ****200.00

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)(b), 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR CLERK

04-25-95

(904) 224-7173

Date

Signature Number