

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000023826

1. Corporation Name

THE BEL-AIRE INSURANCE AGENCY, INC.
P.O. Box 3226
521 Harvard Place
Apopka, Florida 32703

Principal Place of Business Mailing Address

521 Harvard Place P.O. Box 3226
Apopka, Florida Apopka, Florida
32703 32703

3. Date Incorporated or Qualified

03/29/1993

3a. Date of Last Report

04/17/1995

4. FEI Number

59-3173775

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 521 Harvard Place

26 P.O. Box 3226

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Apopka, Florida

28 Apopka, Florida

Zip

Country

Zip

Country

24 32703

25 U.S.A.

29 32703

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

John B. Metzger
521 Harvard Place
Apopka, Florida
32703

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 617.0505, Florida Statutes.

SIGNATURE John B. Metzger

Signature typed or printed name of registered agent

(Signature of New Registered Agent required when applicable)

05/01-1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE
NAME John B. Metzger
STREET ADDRESS 521 Harvard Place
CITY-ST-ZIP Apopka, Florida 32703

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

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

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

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

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

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***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)(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:

John B. Metzger

John B. Metzger

5/1/1996 (407)788-9215

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)