FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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Department of State
Division of Corporations

APPROVED
MAY
FLA

DOCUMENT # **P93000025759 (0)**

95 MAY -1 AM 11:35

1. Current Name:

DON ROBERTS INSURANCE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1288 BARRINGTON DRIVE W PALM BEACH FL 33406	1288 BARRINGTON DRIVE W PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0402086	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: X Yes ☐ No	

2. Principal State or Business (21)	2a. Mailing Address (26)
State, Apt. #, etc. (22)	State, Apt. #, etc. (27)
City & State (23)	City & State (28)
ZIP (24) / County (25)	ZIP (29) / County (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERTS, DONALD E 1288 BARRINGTON DRIVE W PALM BEACH FL 33406	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 Section 607.0502, 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

12. OFFICER AND DIRECTOR(S)		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14
TITLE	PSTV	☐ Change ☐ Addition
NAME	ROBERTS, DONALD E	
STREET ADDRESS	1288 BARRINGTON DR.	
CITY-ST-ZIP	W PALM BEACH FL 33406	
TITLE	D	☐ Change ☐ Addition
NAME	ROBERTS, DONALD E	
STREET ADDRESS	1288 BARRINGTON DR.	
CITY-ST-ZIP	W PALM BEACH FL 33406	
TITLE	V	☐ Change ☐ Addition
NAME	KUS, DEBRA R	
STREET ADDRESS	445 LOS ALTOS RD	
CITY-ST-ZIP	PALM SPRINGS FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 the report as required by Chapter 607, Florida Statutes; and that I am aware of and agree to the penalties set forth in Chapter 817.155, Florida Statutes.

SIGNATURE: X [signature] Donald E. Roberts 5/1/95 (407)969-0797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0245588 CP