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Apr 24 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 # P93000060127 (6)

1. Corporation Name

THE PERSONAL INSURANCE & RETIREMENT NETWORK, INC

Principal Place of Business

Mailing Address

4114 LONGFELLOW DR.
PLANT CITY FL 33567

4114 LONGFELLOW DR.
PLANT CITY FL 33567-7226



3. Date Incorporated or Qualified

08/24/1993

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21 6115 Donegal Circle E.
Suite, Apt. #, etc.

2a. Mailing Address

26 6115 Donegal Circle E.
Suite, Apt. #, etc.

22 City & State

23 Lakeland, FL

24 Zip 33813

25 Country USA

27 City & State

28 Lakeland, FL

29 Zip 33813

30 Country USA

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

LANDER, STEPHEN R JR
4114 LONGFELLOW DR.
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name

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

6115 Donegal Circle E

83

84 City

Lakeland

FL

85 Zip Code

33813

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 if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME LANDER, STEPHEN R
STREET ADDRESS 4114 LONGFELLOW DR.
CITY-ST-ZIP PLANT CITY FL 33567

TITLE V ☐ DELETE
NAME LANDER, SANDRA J
STREET ADDRESS 4114 LONGFELLOW DR.
CITY-ST-ZIP PLANT CITY FL 33567

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 6115 Donegal Circle E.
1.4 CITY-ST-ZIP Lakeland, FL. 33813

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6115 Donegal Circle E.
2.4 CITY-ST-ZIP Lakeland, FL. 33813

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)