

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075944 (7)

1. Corporation Name

CONNIE C. BRAISTED INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

641-17TH ST
VERO BEACH FL 32960

641-17TH ST
VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1993

3a. Date of Last Report
04/05/1994

4. FEI Number
65-0446323

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. 194.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1145 U.S. HWY 1

26 1145 U.S. HWY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAISTED, LAWRENCE E
4810 BETHEL CREEK DR
SUITE 1
VERO BCH FL 32963

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 is not for use)

(Signature typed or printed name of registered agent is not for use)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
BRAISTED, CONNIE C
641-17TH ST
VERO BEACH FL 32960

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 1145 U.S. HWY 1
14 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is verifiably true and correct and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 addition report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/95

107 718-5814