FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000075944 (7)**

1. Corporation Name

CONNIE C. BRAISTED INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
1145 U.S. HWY 1 VERO BEACH FL 32960 US	1145 U.S. HWY 1 VERO BEACH FL 32960 US

3. Date Incorporated or Qualified: **11/03/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 205 GREYTWIG RD	26 205 GREYTWIG RD
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: VERO BEACH, FL	28 City & State: VERO BEACH, FL.
24 Zip: 32963 25 Country: INDIAN RIVER	29 Zip: 32963 30 Country

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: BRAISTED, LAWRENCE E.
82 Street Address (P.O. Box Number is Not Acceptable): 205 GREYTWIG RD
83
84 City: VERO BEACH FL 85 Zip Code: 32963

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] April 29, 1996
Signature, typed or printed name of Registered Agent and title if applicable — Date: Registered Agent signature required for reinstatement

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	D	☑ Change ☐ Addition
NAME	BRAISTED, CONNIE C		12 NAME	BRAISTED, CONNIE C.	
STREET ADDRESS	1145 U.S. HWY 1		13 STREET ADDRESS	205 GREYTWIG RD	
CITY-ST-ZIP	VERO BEACH FL		14 CITY-ST-ZIP	VERO BEACH, FL. 32963	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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] CONNIE C. BRAISTED 3/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #