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Jan 15 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 # P94000025841 (5)

1. Corporation Name

AGENTS INSURANCE SERVICES, INC.



Principal Place of Business

903 NW 6 ST
GAINESVILLE FL 32601

Mailing Address

903 NW 6 ST
GAINESVILLE FL 32601-4252

2. Principal Place of Business

21 2400 N.W. 68 ST

Suite, Apt. #, etc.

22 N/A

23 Gainesville, FLA

24 32601

25 HALL

26

2a. Mailing Address

26 DIME

Suite, Apt. #, etc.

27

28

29

30

3. Date Incorporated or Qualified

04/01/1994

3a. Date of Last Report

03/15/1996

4. FEI Number

59-3315660

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

ROGERS, AUBREY
903 NW 6 ST
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

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 and for not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

ROGERS, AUBREY

STREET ADDRESS

903 NW 6 ST

CITY-ST-ZIP

GAINESVILLE FL 32601

TITLE

D

NAME

LOESCH, R. PATRICK

STREET ADDRESS

2803 INRIDGE DR

CITY-ST-ZIP

AUSTIN TX 78745

TITLE

☐

NAME

☐

STREET ADDRESS

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CITY-ST-ZIP

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NAME

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STREET ADDRESS

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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

0055894

CR2E034 (9/96)