

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P94000033031 (3)**

1. Corporation Name

PRIMARY INSURANCE, INC.

95 MAY -1 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3631 NW FEDERAL HWY SUITE B3
JENSEN BEACH FL 34957**

Mailing Address

**3631 NW FEDERAL HWY SUITE B3
JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

65-0488011

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**BONNER, DONNA M
3631 NW FEDERAL HWY SUITE B3
JENSEN BEACH FL 34957**

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

Pay above, typed or printed name of registered agent and title and location

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BONNER, DONNA M**
STREET ADDRESS **3631 NW FEDERAL HWY SUITE B3**
CITY, ST, ZIP **JENSEN BEACH FL 34957**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pres** ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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(2)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna M. Bonner

Donna M. Bonner

4-24-95 (407) 92-0007