

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 # P94000049150 (3)

1. Corporation Name

STEPHENSON INSURANCE AGENCY INC.



Principal Place of Business

1059 NORTH EAST PINE ISLAND ROAD
CAPE CORAL FL 33909

Mailing Address

1059 NORTH EAST PINE ISLAND ROAD
CAPE CORAL FL 33909

3. Date Incorporated or Qualified
06/27/1994

3a. Date of Last Report
05/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Above
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FCI Number
65-0499940

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

10. Name and Address of New Registered Agent

STEPHENSON, JERRY R
1059 NORTH EAST PINE ISLAND ROAD
CAPE CORAL FL 33909

81 Name

SAME

82

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) 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 date of signature

Typed Name, Registered Agent Signature, and Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME STEPHENSON, JERRY R
STREET ADDRESS 1059 NE PINE ISLAND RD.
CITY- ST- ZIP CAPE CORAL FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

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TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP ☐ Change ☐ Addition

2. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP ☐ Change ☐ Addition

3. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP ☐ Change ☐ Addition

4. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP ☐ Change ☐ Addition

5. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP ☐ Change ☐ Addition

6. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP ☐ Change ☐ Addition

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)(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 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

4-19-96 941-772-5370

CR2E034 (12/95)