

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:31

DOCUMENT # P94000062831 (0)

1. Corporation Name

C&S INSURANCE AGENCY, INC.

Principal Place of Business

1876 N. UNIVERSITY DR., #200M
SUNRISE FL 33322

Mailing Address

1876 N. UNIVERSITY DR., #200M
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

4. FBI Number

65-0522814

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 198 (1992)

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 3014 S. Dixie Hwy

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 W. P. B., FL

City & State

28

Zip

24 33405

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

RAMUNNO, LORENZO

1876 N. UNIVERSITY DR., #200M

SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name

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

83 1876 N. University Dr.

84 City

PLANTATION

FL

85 Zip Code

33322

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 title if applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME RAMUNNO, LORENZO
STREET ADDRESS 1876 N. UNIVERSITY DR., #200M
CITY - ST - ZIP SUNRISE FL 33322

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Pres./Director ☒ Change ☐ Addition
12 NAME Robert E. Gatwood
13 STREET ADDRESS 3014 S. Dixie Highway
14 CITY - ST - ZIP W. P. B., FL 33405

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
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 herein is true and correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 this corporation or the receiver or claimant empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or in an attached form with address.

SIGNATURE: (X)

Robert E. Gatwood President

1/20/95

407-346-7178

(Signature and typed or printed name of signing officer or director)

(Signature and typed or printed name of signing officer or director)