

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 # **P94000074395 (2)**

1. Corporation Name

INSURANCE MAN OF TITUSVILLE, INC.



Principal Place of Business

**222 CHENEY HWY
TITUSVILLE FL 32780**

Mailing Address

**222 CHENEY HWY
TITUSVILLE FL 32780**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**KANCILIA, JOHN R
516 N HARBOR CITY BLVD
MELBOURNE FL 32935**

3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

04/21/1995

4. FEI Number

59-3274314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

J. Patrick Anderson, Esquire

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

930 S. Harbor City Boulevard

83

Suite 505

84 City

Melbourne

FL

85 Zip Code

32901

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's signature required when reinstating)

DATE

4/1/96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **D COCHRAN, CHRIS**
STREET ADDRESS **222 CHENEY HWY**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE **D, P, S, T** ☒ Change ☐ Addition
12 NAME **Susan E. Vinson**
13 STREET ADDRESS **222 Cheney Highway**
14 CITY-ST-ZIP **Titusville, FL 32780**

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

3 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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(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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/96

407-267-4699

CR2E034 (12/95)