

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000079286 (8)

1. Corporation Name

ACCURATE INSURANCE AGENCIES OF ST. JOHN'S COUNTY
, INC.

Principal Place of Business

1580 US 1 SOUTH
ST AUGUSTINE FL 32086

Mailing Address

P.O. BOX 2718
PONTE VEDRA BEACH FL 32004



3. Date Incorporated or Qualified
10/27/1994

3a. Date of Last Report
08/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 1580 US 1 South

22 City & State

27 St. Augustine, FL

23 Zip Country

28 32086 U.S.A.

24

29 St. Johns

4. FEI Number
59-3271782

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

7. 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

KLUBA, ROBERT J
1580 US 1 SOUTH
ST. AUGUSTINE FL 32086

81 Name James Knox
82 Street Address (P.O. Box Number is Not Acceptable)
1580 US 1 South
83
84 City St. Augustine FL 85 Zip Code 32086

11. Pursuant to the provisions of Sections 607.0602 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

James Knox

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KLUBA, ROBERT J
STREET ADDRESS P.O. BOX 2718 N/A
CITY-ST-ZIP PONTE VEDRA BEACH FL 32004

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

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:

James Knox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-825-1233

Date of Filing

CR2E034 (12/95)