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FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000006116 (4)

1. Corporation Name

R&M INSURANCE ASSOCIATES, INC.



Principal Place of Business

305 5TH AVE SOUTH  
STE 212  
NAPLES FL 33940  
US

Mailing Address

305 5TH AVE SOUTH  
STE 212  
NAPLES FL 34102-6514  
US

3. Date Incorporated or Qualified

01/24/1995

3a. Date of Last Report

04/22/1996

4. FEI Number

65-0546172

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

2. Principal Place of Business

21 745 12th Ave S

Suite, Apt. #, etc.

22 STE H

City & State

23 NAPLES FL

Zip

24 34102

Country

25 USA

2a. Mailing Address

26 745 12th Ave S

Suite, Apt. #, etc.

27 STE H

City & State

28 Naples FL

Zip

29 34102

Country

30 USA

9. Name and Address of Current Registered Agent

KAZMER, ROBERT S  
305 5TH AVE S  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Melinda Kazmer

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

745 12th Ave S Ste H

83

84 City Naples

FL

85 Zip Code 34102

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

Melinda Kazmer

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME KAZMER, ROBERT S  
STREET ADDRESS 305 5TH AVE SOUTH  
CITY - ST - ZIP NAPLES FL 33940

TITLE TS ☐ DELETE

NAME KJAZMERI, MELINDA  
STREET ADDRESS 305 5TH AVE SOUTH SUITE 202  
CITY - ST - ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 TS ☒ Change ☐ Addition

1.2 NAME KAZMER, Robert S  
1.3 STREET ADDRESS 745 12th Ave S Ste H  
1.4 CITY - ST - ZIP Naples FL 34102

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME KAZMER, melinda  
2.3 STREET ADDRESS 745 12th Ave S Ste H  
2.4 CITY - ST - ZIP Naples FL 34102

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Melinda Kazmer MELINDA KAZMER 1/28/97 941-283-9488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)