

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 # P95000011803 (0)

1. Corporation Name

S E INSURANCE SERVICE, INC.



Principal Place of Business

6428 ALESHEBA LN
SARASOTA FL 34240

Mailing Address

6428 ALESHEBA LN
SARASOTA FL 34240

3. Date Incorporated or Qualified
02/09/1995

3a. Date of Last Report
2-9-95

2. Principal Place of Business

2a. Mailing Address

21 650 N Tamiami Tr.

26 650 N. Tamiami Tr.

4. FEI Number

65-0601325

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 ☒ intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

34229

SARASOTA

34229

SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUSZAKOWSKI, RICK S
6428 ALESHEBA LN
SARASOTA FL 34240

81 Name

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

441 MacEwen Dr

83

84 City

Osprey,

FL

85 Zip Code
34229

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

RICK PUSZAKOWSKI

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D PUSZAKOWSKI, RICK S	6428 ALESHEBA LN	SARASOTA FL 34240

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
		441 MacEwen Dr.	Osprey, FL 34229
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
	FRAZIER, GEOFFREY	232 St James Place	Osprey, FL 34229
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

2-1-96

941-957-

0226

CR2E034 (12/95)