

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

19964-496

B-3082

DIVISION OF CORPORATIONS

DOCUMENT # P95000025888 (5)

1. Corporation Name

PROPST INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

280 CARISSA DRIVE
SATELLITE BEACH FL 32937

280 CARISSA DRIVE
SATELLITE BEACH FL 32937

2. Principal Place of Business

2a. Mailing Address

21 280 CARISSA DRIVE
Suite, Apt. #, etc.

26 280 CARISSA DR
Suite, Apt. #, etc.

22 SATELLITE BEACH
City & State

27 SATELLITE BEACH
City & State

23 FLA.

28 FL

24 32937 Country USA
25 BREVARD

29 32937 Country USA
30 BREVARD

3. Date Incorporated or Qualified
03/29/1995

3a. Date of Last Report
N/A FIRST REPORT

4. FET Number
59-33-1655-3

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROPST, JESSE M
280 CARISSA DRIVE
SATELLITE BEACH FL 32937

81 Name

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

83

84 City

FL

85

Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Jesse M. Propst
STREET ADDRESS 280 Carissa Dr.
CITY-ST-ZIP Satellite Bch, FL 32937

TITLE SECRETARY
NAME Dorothy V. Propst
STREET ADDRESS 280 Carissa Dr.
CITY-ST-ZIP Satellite Bch, FL 32937

TITLE TREASURER
NAME Dorothy V. Propst
STREET ADDRESS 280 Carissa Dr.
CITY-ST-ZIP Satellite Bch, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 on an attachment with an address

SIGNATURE:

Jesse M. Propst Jesse M. Propst

4-1-96

407-773-7942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)