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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # **P95000084426 (2)**

1. Corporation Name

COMBS INSURANCE AGENCY OF NEW PORT RICHEY, INC.



Principal Place of Business

**5407 W. MAIN ST.
NEW PORT RICHEY FL 34652**

Mailing Address

**5407 W. MAIN ST.
NEW PORT RICHEY FL 34652-2504**

3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KRAFT, JAY U
5407 W. MAIN ST.
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

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

Sign, print, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

D

☐ DELETE

NAME

**KRAFT, JAY U
5407 W. MAIN ST.
NEW PORT RICHEY FL 34652**

STREET ADDRESS

CITY, ST, ZIP

1.2 TITLE

D

☐ DELETE

NAME

**KRAFT, JANET C
5407 W. MAIN ST.
NEW PORT RICHEY FL 34652**

STREET ADDRESS

CITY, ST, ZIP

1.3 TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.4 TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.5 TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.6 TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 included 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:

Janet Kraft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet Kraft

Date

3/10/97

Daytime Phone #

813-843-0611

0451653

CR2E034 (9/96)