

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 # P95000094252 (0)

1. Corporation Name

AFFORDABLE INSURANCE AGENCY OF EAST PASCO COUNTY
, INC.



Principal Place of Business

925 CEDAR DR. →
BROOKSVILLE FL 34601 →

Mailing Address

925 CEDAR DR.
BROOKSVILLE FL 34601

2. Principal Place of Business

21 5745 GALL BLVD.

Suite, Apt. #, etc.

22

City & State

23 ZEPHYRHILLS, FL

Zip

24 33541

Country

25 PASCO

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

12/12/1995

3a. Date of Last Report

12/12/1995

4. FEI Number

59-3349562

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

HALLMAN, WILLIAM H III
503 E. JEFFERSON ST.
BROOKSVILLE FL 34601

81 Name

DYANE M. MAXEY

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

5745 GALL BLVD.

83

84 City

ZEPHYRHILLS

FL

85 Zip Code

33541

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

DYANE M. MAXEY

Dyane M. Maxey

11 APRIL 1996

Signature typed or printed name of registered agent and board agent

(NOTE: FEI and Agent Signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT/TREASURER ☐ DELETE
NAME WILLIAM E. MAXEY
STREET ADDRESS 925 CEDAR DRIVE
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE VICE PRESIDENT/SECRETARY ☐ DELETE
NAME DYANE M. MAXEY
STREET ADDRESS 925 CEDAR DRIVE
CITY-ST-ZIP BROOKSVILLE, FL 34601

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 ☐ 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 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:

DYANE M. MAXEY

Dyane M. Maxey

11 April 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

813-788-4473

CR2E034 (12/95)