## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600004934 (1)

SHERMAN INSURANCE AGENCY, INC.

FILED Apr 28 1998 8:00am Secretary of State

7225 WEST HI TAMPA FL 339 US 2. Principal Pl 21 SHERMI Suite, Apt.	AN INSURANCE AGENCY *, etc. INC. U.HINSOROUGH AUE.  PA, FC  Country  BU 25 HUSSOROUGH	Suite, Apt. #, etc.  27  City & State  28  City & State  Zip  29  333544  30	EC Countr	FL		Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Int year Intangible Yes No				
9, Name and Address of Current Registered Agent SHERMAN, WILLIAM C 7649 RICHLAND STREET WESLEY CHAPEL FL 33544					10. Name and Address of New Registered Again Address (P.O. Box Number is Not Acceptable)	85 Zip Code				
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 renstating)  DATE										
12,	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12				
TITLE	PD	☐ DELETÉ	1.1 TITLE			Change Addition				
NAME	SHERMAN, WILLIAM C		1.2 NAME							
STREET ADDRESS	7649 RICHLAND STREET		1.3 STAFE	T ADDRESS						
CITY-ST-ZIP	WESLEY CHAPEL FL 33544		1.4 C(TY-	ST - 71P						
TITLE	STD	DELETE	2.1 TITLE	<u> </u>		Change Addition				
NAME	SHERMAN, CAROL M		2.2 NAME		_	- •				
				T ADDRESS						
STREET ADDRESS	7649 RICHLAND STREET									
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	☐ DELETE	2. 4 City - 3.1 Title	21-ZIP		Change Addition				
TITLE		beleve				Ti cuttings [1] Modition				
NAME			3.2 NAME							
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE	21 - ZIP		Change Addition				
TITLE		La veter			<u>.</u>	T Augusto L Madition				
NAME			4. 2 NAME							
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP		DELETE	4.4 CITY-	SI-ZIP		Change Addition				
TITLE		ביי מננונ	5.1 TITLE		<u> </u>	Change Manifoli				
NAME			5.2 NAME							
STREET ADDRESS			1	T ADDRESS						
CITY-ST-ZIP		DELETE	5.4 CiTY-	ST-ZIP		Change Addition				
TITLE			61 11TLE		<u> </u>	Touristo Tit votition				
NAME			6.2 NAME							
STREET ADDRESS				I ADDRESS						
CITY-ST-ZIP	and the that the information are the second	thin filing door not available for the	64 CITY-	ST-ZIP	ed in Contion 119.07(3)(i) Florida Statutos I further part	ify that the information				
14. I 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 trusted 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.										