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PROFIT
CORPORATION
ANNUAL REPORT

1997

CIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000029255 (2)

DUHART INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address 710 W COLONIAL DR #105 710 W COLONIAL DR #105 ORLANDO FL 32804 ORLANDO FL 32804-7356 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For PO Box 580406 1431 N. Pine Hills Rd 59-336 7891 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Orlando, Florida 23 Orlando, Florida Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Orange 24 32808 Orange 29 32858-0406 Yes 🔲 No 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Duhart, Bettye A DUHART, BETTYE A 710 W COLONIAL DR #105 Street Address (P.O. Box Number is Not Acceptable)
1431 North Pine Hills Road 82 ORLANDO FL 32804 83 City Orlando 84 32808 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. President Change DELETE Addition TOTLE 1.1 TO LE Bettye A. Duhart DUHART, BETTYE NAME 1.2 NAME 1431 North Pine Hills Road 710 W COLONIAL DR #105 1.3 STREET ADDRESS STREET ADDRESS Orlando, Florida 32808 ORLANDO FL 32804 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 211016 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THUE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY - \$1 - ZIP DELE 1E Change Addition TITLE 5.1 Tille 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 111LE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 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 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 12 if changed, or on an attackment with an address.

Apr. 120 Kgg 1 1021522 0707

FILED

May 15 1997 8:00am

Secretary of State