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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000033520 (3)

1. Corporation Name

HURRICANE EVALUATION LOSS PREVENTION INC.

Principal Place of Business

3050 NORTH HORSESHOE DRIVE, SUITE 164
NAPLES FL 33942

Mailing Address

3050 NORTH HORSESHOE DRIVE, SUITE 164
NAPLES FL 34104-7809

3. Date Incorporated or Qualified

04/15/1996

3a. Date of Last Report

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

4. FEI Number

65-0663706

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

YORK, WILLIAM H
2205 NOBLE CT.
NAPLES FL 33942-1023

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 P
NAME YORK, WILLIAM H
STREET ADDRESS 3050 NORTH HORSESHOE DRIVE, SUITE 164
CITY- ST- ZIP NAPLES FL 33942

1.1 TITLE D
1.2 NAME KENNETH ALIFF
1.3 STREET ADDRESS 1520 ROYAL PALM SQUARE BLVD
1.4 CITY- ST- ZIP FT MYERS FL 33919

TITLE S
NAME GEHRING, EDWARD J
STREET ADDRESS 3050 NORTH HORSESHOE DRIVE, SUITE 164
CITY- ST- ZIP NAPLES FL 33942

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

TITLE D
NAME BARANY, JOSEPH A
STREET ADDRESS 1520 ROYAL PALM SQUARE
CITY- ST- ZIP FT. MYERS FL 33919

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE D
NAME SCHMITT, EUGENE C
STREET ADDRESS 1520 ROYAL PALM SQUARE
CITY- ST- ZIP FT. MYERS FL 33919

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE D
NAME WEAVER, RONALD L
STREET ADDRESS 1520 ROYAL PALM SQUARE
CITY- ST- ZIP FT. MYERS FL 33919

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE D
NAME LAMERS, KENNETH
STREET ADDRESS 1520 ROYAL PALM SQUARE
CITY- ST- ZIP FT. MYERS FL 33919

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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

W. Lamers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97

Date

941-435-0029

Daytime Phone #

0412312

CR2E034 (9/96)