

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000033520 (3)**

1. Corporation Name

HURRICANE EVALUATION LOSS PREVENTION INC.

Principal Place of Business

Mailing Address

**3050 NORTH HORSESHOE DRIVE, SUITE 164
NAPLES FL 34104
US**

**3050 NORTH HORSESHOE DRIVE, SUITE 164
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3884 Progress Ave	26 1520 Royal Palm Sq Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 SUITE 300
City & State	City & State
23 NAPLES FL	28 FT MYERS FL
Zip	Zip
24 34104	29 33519
Country	Country
25 Collier	30 LEE

9. Name and Address of Current Registered Agent

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

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

34110

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

William H. York **William H. York, President** **1-12-98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	YORK, WILLIAM H	
STREET ADDRESS	3050 NORTH HORSESHOE DRIVE, SUITE 164	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GEHRING, EDWARD J	
STREET ADDRESS	3050 NORTH HORSESHOE DRIVE, SUITE 164	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARANY, JOSEPH A	
STREET ADDRESS	1520 ROYAL PALM SQUARE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMITT, EUGENE C	
STREET ADDRESS	1520 ROYAL PALM SQUARE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEAVER, RONALD L	
STREET ADDRESS	1520 ROYAL PALM SQUARE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMERS, KENNETH	
STREET ADDRESS	1520 ROYAL PALM SQUARE	
CITY-ST-ZIP	FT. MYERS FL 33919	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3884-4 Progress Ave
1.4 CITY-ST-ZIP	NAPLES FL 34104-3648
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3884-4 Progress Ave
2.4 CITY-ST-ZIP	NAPLES FL 34104-3648
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE:

EDWARD J. GEHRING

1-12-98 9414350029

CR2E034 (10/97)