

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 08 1997 8:00am
Secretary of State

DOCUMENT # P96000044508 (5)

1. Corporation Name

STRICKLAND INSURANCE BROKERS - FLORIDA, INC.

Principal Place of Business

C/O WILLIAM SCHUELKE
3355 CLAIRE LANE #1610
JACKSONVILLE FL 32223

Mailing Address

C/O WILLIAM SCHUELKE
3355 CLAIRE LANE #1610
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1996

3a. Date of Last Report

4. FEI Number

56-1709067

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. Drawer 2027

Suite, Apt. #, etc.

27 City & State

28 Goldsboro, NC

Zip

29 27533-2027

Country

30 US

9. Name and Address of Current Registered Agent

SCHUELKE, WILLIAM
3355 CLAIRE LANE, #1610
JACKSONVILLE FL 32223

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

TITLE Chairman of the Board CEO ☐ DELETE

NAME Robert W. Strickland
STREET ADDRESS 133 Quail Creek Dr
CITY-ST-ZIP Goldsboro, NC

TITLE President COO ☐ DELETE

NAME Robert C. Strickland
STREET ADDRESS 141 Quail Creek Dr
CITY-ST-ZIP Goldsboro, NC

TITLE Executive V.P. Secretary ☐ DELETE

NAME Marianna S. Tillman
STREET ADDRESS 140 Quail Creek Dr
CITY-ST-ZIP Goldsboro, NC

TITLE Sr. V.P. CFO Treasurer ☐ DELETE

NAME John F. Rzepinski
STREET ADDRESS 103 Wren Place
CITY-ST-ZIP Goldsboro, NC

TITLE Vice President ☐ DELETE

NAME William Schuelke
STREET ADDRESS 3355 Claire Lane #1610
CITY-ST-ZIP Jacksonville, FL

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 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

[Signature]

8/1/97

8/1/97

CR2E034 (4/97)