1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000047953 (0) 1. Corporation Name

WALDORFF INSURANCE AGENCY, INC.

FILED

98 OCT 27 AM II: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	e of Busines:	3		Mailing Address					F CHRISTON OUR SOLLS OFFIS ON OF OWER SORE AND CARES	FAURE INSET #1500 1201 (847)	
465 EAST MAIN STREET BARTOW FL 33830				465 EAST MAIN STREET BARTOW FL 33830					DO NOT WRITE IN THIS SP	PACE	
									3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address								-	06/03/1996 4. FEI Number	Applied For	
2. Principal Place of Business				26					59-3390192	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				-		\$8.75 Additional	
22				27					5. Certificate of Status Desired	Fee Required	
City & State				City & State					6. Election Campaign Financing	\$5.00 May Be	
23				28					Trust Fund Contribution	Added to Fees	
<u> </u>	Zip C		L	—— · ——		Country	Country		8. This corporation owes or has paid the current year Intangible		
24	25			29 30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent						81	Name	·····			
	•	SSELL G SR.									
3130 CLUBHOUSE RD. LAKELAND FL 33813							Street	Address (P.O. Box Namper la Not / Aprepiate 7 5 5 7 1 3 3			
				İ					****550.00	****550.00	
							City		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										aing its registered	
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: Register							gistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	<u> </u>	OFFICE	RS AND D			13.					
TITLE	WALDODE	E DIIGGELL G	CD	L DE	LETE	1.2 NAME			LA L	Change Addition	
NAME STREET ADORESS	WALDORFF, RUSSELL G SR. 3130 CLUBHOUSE RD.						ADDRESS	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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TITLE	ST	J 1 L 000 10		□ ns	LETE :	2.1 TITLE		Por	sident	Change 1 Addition	
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STREET ADDRESS	A LOS OLLIBRIGATION DD				23 STRE			1090 W. GEORGIA ST BARTOW, FR. 33880			
CITY-ST-ZIP	LAKELAND FL 33813				2.4 CITY-ST-2			BA	PRTOW, 78-33830	1	
TITLE				DE	LETE	3.1 TITLE		. میر سیم آ	- TOFAL D	Change Addition	
NAME				_		3.2 NAME		Ros	SEEL G. WALDORFP, SR.		
STREET ADDRESS						3.3 STREET	ADDRESS				
CITY-ST-ZIP						3.4 CITY-S	T-ZIP	LAI	secand, 40-33813		
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NAME						4.2 NAME		ROP	ice waldeds		
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CITY-ST-ZIP						4.4 CITY-S	r-ZIP	LA /1	(cland, X-33813		
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CITY-ST-ZIP						6.4 CITY-S'	1-21	ــــــــــــــــــــــــــــــــــــــ	240 27/0V() St. 14 Oct 1 - 1 Cultural Control	()	

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 if changed, or on an attachment with an address.

SIGNATURE:

Kussell G. WALLORFF SM.