3-20-97 B-3341 C

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000062292 (3)**

1. Corporation Name
TWIN RIVERS INSURANCE AGENCY, INC.

Principal Place of Business
502 EAST NEW HAVEN AVE.
MELBOURNE FL 32901

Mailing Address
502 EAST NEW HAVEN AVE.
MELBOURNE FL 32901-5427

3. Date Incorporated or Qualified: **07/25/1996**
3a. Date of Last Report: **N/A**

2. Principal Place of Business
21 47 W. New Haven Avenue
22 Suite, Apt. #, etc
23 City & State: Melbourne, Florida
24 Zip: 32901
25 Country: Brevard

2a. Mailing Address
26 47 W. New Haven Avenue
27 Suite, Apt. #, etc
28 City & State: Melbourne, Florida
29 Zip: 32901
30 Country: Brevard

4. FEI Number: 59-3391336 — 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
FALLACE, JAMES H
1900 SOUTH HICKORY STREET
MELBOURNE FL 32901

10. Name and Address of New Registered Agent
81 Name: N/A
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: X [signature] KENNETH W. SAWCZYN, Pres X 3-17-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	SAWCZYN, KENNETH W
STREET ADDRESS	47 WEST NEW HAVEN AVE
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	D ☐ DELETE
NAME	MALLOY, CINDY M
STREET ADDRESS	1455 GILES STREET N.W.
CITY-ST-ZIP	PALM BAY FL 32907
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	

CR2E034 (9/96)

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] KENNETH W. SAWCZYN, Pres 3/17/97 407-727-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #