3-20-97 B-3341 C

**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

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# Mar 20 1997 8:00am
# 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**
Suite, Apt. #, etc
22
City & State
23 **Melbourne, Florida**
Zip 24 **32901** Country 25 **Brevard**

2a. Mailing Address
26 **47 W. New Haven Avenue**
Suite, Apt. #, etc
27
City & State
28 **Melbourne, Florida**
Zip 29 **32901** Country 30 **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
(If changing Registered Agent, Registered Agent's signature required in addition to that of officer or director listed above) (NOTE: Registered Agent's 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 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 #