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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000071141 (1)

1. Corporation Name

GEORGE W. KINNEY INSURANCE, INC.



Principal Place of Business

2300 MAITLAND CENTER PARKWAY, SUITE 300
MAITLAND FL 32751

Mailing Address

2300 MAITLAND CENTER PARKWAY, SUITE 300
MAITLAND FL 32751-7412

3. Date Incorporated or Qualified

08/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 274 W. Ishire Blvd

2a. Mailing Address

26 274 W. Ishire Blvd

Suite, Apt. #, etc.

22 S. 265

Suite, Apt. #, etc.

27 S. 265

City & State

23 CASSE/BERRY FL

City & State

28 CASSE/BERRY FL

24 F/32707

Country

25 Seminole

29 32707

Country

30 Seminole

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

KINNEY, GEORGE W
2300 MAITLAND CENTER PARKWAY, SUITE 300
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

274 W. Ishire Blvd

83

S. 265

84 City

CASSE/BERRY

FL

85 Zip Code

32707

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

GEORGE W. Kinney

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

(NOTE: Registered agent signature required when resigning)

DATE

April 7, 97

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KINNEY, GEORGE W
STREET ADDRESS 2300 MAITLAND CENTER PARKWAY, SUITE 300
CITY - ST - ZIP MAITLAND FL 32751

TITLE D
NAME KINNEY, PATTIE J
STREET ADDRESS 2300 MAITLAND CENTER PARKWAY, SUITE 300
CITY - ST - ZIP MAITLAND FL 32751

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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:

George W. Kinney

Date

Daytime Phone

0089318

CR2E034 (9/96)