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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000066130

1. Corporation Name

COMMUNITY NATIONAL BANK INSURANCE AGENCY, INC.

Principal Place of Business

STE. 1077, NOKOMIS VILLAGE SHOPPING CENTER
NOKOMIS FL 34277

Mailing Address

STE. 1077, NOKOMIS VILLAGE SHOPPING CENTER
NOKOMIS FL 34277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1998

4. FEI Number

65-0847758

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SCHULER, L. EDWARD II
STE. 1077, NOKOMIS VILLAGE SHOPPING CENTER
NOKOMIS FL 34277

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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.

1/19/99

SIGNATURE

Signature of and or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **D**
NAME **MCKELVEY, WILLIAM G**
STREET ADDRESS **201 CENTER ROAD**
CITY-ST-ZIP **VENICE FL 34292-3528**

TITLE **D**
NAME **MCKELVEY, JEANNE W**
STREET ADDRESS **201 CENTER ROAD**
CITY-ST-ZIP **VENICE FL 34292-3528**

TITLE **D**
NAME **KONDISKO, JOSEPH R**
STREET ADDRESS **201 CENTER ROAD**
CITY-ST-ZIP **VENICE FL 34292-3528**

TITLE **D**
NAME **KONDISKO, ALLANA M**
STREET ADDRESS **201 CENTER ROAD**
CITY-ST-ZIP **VENICE FL 34292-3528**

TITLE **D**
NAME **BALDINGER, ROGER L**
STREET ADDRESS **201 CENTER ROAD**
CITY-ST-ZIP **VENICE FL 34292-3528**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE **P**
1.2 NAME **L. Edward Schuler, II**
1.3 STREET ADDRESS **1077 Tamiami Tr. N.**
1.4 CITY-ST-ZIP **Nokomis, FL 34275**

2.1 TITLE **V**
2.2 NAME **James S. Luck**
2.3 STREET ADDRESS **270 Tamiami Trail S.**
2.4 CITY-ST-ZIP **Venice, FL 34285**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-497-6660

1/19/99

Date

Daytime Phone #

CR2E034 (11/98)