

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S43591 (4)

1. Corporation Name

INSURANCE & INVESTMENT PLANNING, INC.



Principal Place of Business

9951 ATLANTIC BLVD., SUITE 108  
JACKSONVILLE FL 32225

Mailing Address

9951 ATLANTIC BLVD., SUITE 108  
JACKSONVILLE FL 32225

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

3. Date Incorporated or Qualified  
04/08/1991

3a. Date of Last Report  
08/17/1995

4. FEI Number  
59-3062815

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

FERRELLI, LANCE A  
135 CHERRY ST.  
NEPTUNE BEACH FL 32266

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 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 of officer or director of corporation or registered agent (if applicable)

(If 10: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
FERRELLI, LANCE A.  
135 CHERRY STREET  
NEPTUNE BEACH FL 32266

☒ DELETE

12.2 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

12.3 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

12.4 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

12.5 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

12.6 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

12.7 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

12.8 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

12.9 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

12.10 TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-STATE-ZIP  
D  
Ferrelli Lance A  
2014 CAPISTRANO DR.  
JAX FL. 32224

☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-96

904-727-7653

CR2E034 (12/95)