

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996/1997



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

FILED
Jun 26 1997 8:00am
Secretary of State

DOCUMENT # S63118 (1)

1. Corporation Name

SOUTHERN INSURANCE NETWORK, INC.

Principal Place of Business

Mailing Address

819 SOUTH FEDERAL HWY.
SUITE 103
STUART FL 34994-2952

819 SOUTH FEDERAL HWY.
SUITE 103
STUART FL 34994-2952



2. Principal Place of Business

21 819 SOUTH FEDERAL HWY

Suite, Apt. #, etc.

22 SUITE 102

City & State

23 STUART, FL

Zip

24 34994-2952

Country

2a. Mailing Address

26 819 SOUTH FEDERAL HWY

Suite, Apt. #, etc.

27 SUITE 102

City & State

28 STUART, FL

Zip

29 34994-2952

Country

3. Date Incorporated or Qualified

06/28/1991

3a. Date of Last Report

12/22/1995

4. FEI Number

65-0271240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

DAHNN, LARRY
819 SOUTH FEDERAL HWY.
SUITE 102
STUART FL, 34994

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

34994

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME DAHNN, LARRY
STREET ADDRESS 819 S FEDERAL HWY STE 102
CITY-ST-ZIP STUART FL

TITLE DV
NAME DAHNN, DONALD R.
STREET ADDRESS 819 SOUTH FEDERAL HIGHWAY, SUITE 102
CITY-ST-ZIP STUART FL

TITLE DST
NAME BECK, KRISTINE A.
STREET ADDRESS 819 SOUTH FEDERAL HIGHWAY, SUITE 102
CITY-ST-ZIP STUART FL

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
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

☐ Change ☒ Addition

☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-283-7650

Daytime Phone #

CR2E034 (3/96)