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FILED

Feb 06 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S71475 (5)

1. Corporation Name

AMERICAN PHOENIX INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

% AMERICAN PHOENIX CORP OF TAMPA BAY
4535 CENTRAL AVENUE
ST. PETERSBURG FL 33713-8137
US% AMERICAN PHOENIX CORP OF TAMPA BAY
4535 CENTRAL AVENUE
ST. PETERSBURG FL 33713-8137
US

3. Date Incorporated or Qualified

08/05/1991

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

06-1326019

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE
NAME VAUGHAN, MARTIN L III
STREET ADDRESS 4535 CENTRAL AVE
CITY - ST - ZIP ST PETERSBURG FL11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIPTITLE PD ☐ DELETE
NAME CLARK, ROBERT P
STREET ADDRESS 4535 CENTRAL AVE
CITY - ST - ZIP ST PETERSBURG FL21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIPTITLE VPD ☐ DELETE
NAME MURPHY, D. WAYNE
STREET ADDRESS 4535 CENTRAL AVE
CITY - ST - ZIP ST PETERSBURG FL31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIPTITLE T ☐ DELETE
NAME RYAN, WILLIAM E
STREET ADDRESS 4535 CENTRAL AVE
CITY - ST - ZIP ST PETERSBURG FL41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIPTITLE S ☒ DELETE
NAME ALTINE, CLARA F
STREET ADDRESS 4535 CENTRAL AVE
CITY - ST - ZIP ST PETERSBURG FL51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIPTITLE AS ☐ DELETE
NAME ROBBINS, KEITH D
STREET ADDRESS 4535 CENTRAL AVE
CITY - ST - ZIP ST PETERSBURG FL61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97

(813) 321-1141

CR2E034 (9/96)