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 # **V05766** **(3)**

1. Corporation Name

J. C. YANT INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
PO BOX 5679 SPRING HILL FL 34606 US	PO BOX 5679 SPRING HILL FL 34606 US

3. Date Incorporated or Qualified: **01/09/1992**

3a. Date of Last Report: **04/06/1995**

4. FEI Number: **59-3108328** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

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

9. Name and Address of Current Registered Agent

YANT, JAMES C.
12477 JOCELYN WAY
SPRING HILL FL 34609

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 Section 607.0502 or 617.1905, 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: _____ Date

12. OFFICERS AND DIRECTORS

TITLE	**DPT**	☐ DELETE
NAME	**YANT, JAMES C.**	
STREET ADDRESS	**12477 JOCELYN WAY**	
CITY-ST-ZIP	**SPRING HILL FL**	
TITLE	**DV**	☐ DELETE
NAME	**YANT, CHRISTENE**	
STREET ADDRESS	**12477 JOCELYN WAY**	
CITY-ST-ZIP	**SPRING HILL FL**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

9 TITLE	☐ Change	☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
7 TITLE	☐ Change	☐ Addition
8 NAME		
9 STREET ADDRESS		
10 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
4 NAME		
5 STREET ADDRESS		
6 CITY-ST-ZIP		
1 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true and accurate and that this report is executed properly for the corporation named in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 added to the report. I am aware of the penalties prescribed for knowingly signing, authorizing or verifying any report with false or fraudulent facts.

SIGNATURE: James C. Yant 3/28/96 (904)686 5907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #