

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V08722 (3)

1. Corporation Name
DEL CAMPO INSURANCE, INC.



Principal Place of Business
300 NW AVE J
BELLE GLADE FL 33430

Mailing Address
300 NW AVE J
BELLE GLADE FL 33430

3. Date Incorporated or Qualified 01/22/1992	3a. Date of Last Report 06/14/1995
4. FEI Number 65-0327746	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	
10. Name and Address of New Registered Agent	

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

9. Name and Address of Current Registered Agent

DEL CAMPO, MANUEL
300 NW AVE J
BELLE GLADE FL 33430

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD DEL CAMPO, MANUEL 300 NW AVE J BELLE GLADE FL STD	1. TITLE	☐ Change ☐ Addition
NAME	DEL CAMPO, MANUEL	2. NAME	
STREET ADDRESS	300 NW AVE J	3. STREET ADDRESS	
CITY-STATE-ZIP	BELLE GLADE FL	4. CITY-STATE-ZIP	
TITLE	STD	5. TITLE	☐ Change ☐ Addition
NAME	DEL CAMPO, RITA M.	6. NAME	
STREET ADDRESS	300 NW AVE J	7. STREET ADDRESS	
CITY-STATE-ZIP	BELLE GLADE FL	8. CITY-STATE-ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-96

Exempt From

CR2E034 (12/95)