FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 15 PM 0:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V26165** **(3)**

1. Corporate Name
GLADES INSURANCE AGENCY OF MARTIN COUNTY, INC.

Principal Place of Business	Mailing Address
5967 SE FEDERAL HWY STUART FL 34997	5967 SE FEDERAL HWY STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0314530	☐ 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 intangibles under § 199.032 Florida Statutes ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

RAWLS, MICHAEL E.
5967 SE FEDERAL HWY
STUART FL 34997

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 607.0501 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	D	1 TITLE	☒ Change ☐ Addition
2 NAME	RAWLS, LOU A.	2 NAME	LOU A. RAWLS
3 STREET ADDRESS	549 GREEN SPRINGS PL	3 STREET ADDRESS	1259 PINETTA CIR
4 CITY ST ZIP	WEST PALM BEACH FL	4 CITY ST ZIP	WEST PALM BCH, FLA 33414
1 TITLE	D	1 TITLE	☒ Change ☐ Addition
2 NAME	RAWLS, MICHAEL E.	2 NAME	MICHAEL E. RAWLS
3 STREET ADDRESS	549 GREEN SPRINGS PL	3 STREET ADDRESS	1259 PINETTA CIR
4 CITY ST ZIP	WEST PALM BEACH FL	4 CITY ST ZIP	WEST PALM BCH, FLA 33414
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
1 TITLE		1 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
7 STREET ADDRESS		7 STREET ADDRESS	
8 CITY ST ZIP		8 CITY ST ZIP	
9 TITLE		9 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	

14. I/We 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)(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: _____ 5-11-95 407-220-0082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0382125 CP