

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V48842** (1)

1. Corporation Name

WSB INSURANCE ENTERPRISES, INC.



Principal Place of Business

**695 N. ENDEAVOUR DR.
WINTER SPRINGS FL 32708**

Mailing Address

**695 N. ENDEAVOUR DR.
WINTER SPRINGS FL 32708**

3. Date Incorporated or Qualified

07/08/1992

3a. Date of Last Report

03/06/1995

4. FEI Number

59-3169477

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BRATCHER, SANDRA L.
695 ENDEAVOUR DRIVE
WINTER SPRINGS FL 32708**

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 607.0502 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 for at all times.

(NOTE: Registered Agent signature is required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P

**BRATCHER, SANDRA L.
695 N. ENDEAVOUR DR.
WINTER SPRINGS FL 32708**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP

**BRATCHER, WILLIAM E.
695 N. ENDEAVOUR DR.
WINTER SPRINGS FL 32708**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

Sandra L. Bratcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

407-696-6174

Date

Daytime Phone #

CR2E034 (12/95)