

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 # **V51785** (6)

1. Corporation Name

DEPALMA INSURANCE, INC.



Principal Place of Business

**1720 EL JOBEAN ROAD
SUITE 101
PORT CHARLOTTE FL 33948**

Mailing Address

**1720 EL JOBEAN ROAD
SUITE 101
PORT CHARLOTTE FL 33948**

3. Date Incorporated or Qualified
07/16/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **1057 COLLINGSWOOD BLVD**

2a. Mailing Address

26 **SAME**

4. FEI Number
59-3132424

Applied For
Not Applicable

Suite, Apt. #, etc.

22 **Unit C**

Suite, Apt. #, etc.

27 **SAME**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23 **Port Charlotte FL**

City & State

28 **Port Charlotte FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

24 **33953**

Country

25 **Charlotte**

Zip

29 **33953**

Country

30 **FL**

8. 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

**DEPALMA, L. CATHERINE
1720 EL JOBEAN ROAD
SUITE 101
PORT CHARLOTTE FL 33948**

CHANGE of ADDRESS

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1057 COLLINGSWOOD BLVD Unit C

83

84 **Port Charlotte**

FL

85 Zip Code
33953

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

TITLE ☐ DELETE

NAME **P DEPALMA, L. CATHERINE**
STREET ADDRESS **22511 BLANCHARD AVE**
CITY - ST - ZIP **PT CHARLOTTE FL**

TITLE ☐ DELETE

NAME **ST DEPALMA, MICHAEL L.**
STREET ADDRESS **22511 BLANCHARD AVE**
CITY - ST - ZIP **PT CHARLOTTE 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 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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: **Michael Depalma** **Michael Depalma** **4/11/96** **941-764-7771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)