

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90208 016 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V52814**

1. Corporation Name

**JAMES ROAN INSURANCE AGENCY, INC.**



Principal Place of Business

1225 DONNA DR  
FT MYERS FL 33919

Mailing Address

1225 DONNA DR  
FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1992

4. FEI Number

65-0346232

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21. **1225 DONNA DR**

Suite, Apt. #, etc.

22. **FT MYERS FL**

23. City & State

24. Zip Country

25. **33919 FL**

2a. Mailing Address

26. **1225 DONNA DR**

Suite, Apt. #, etc.

27. **FT MYERS FL**

28. City & State

29. Zip Country

30. **33919 FL**

9. Name and Address of Current Registered Agent

**ROAN, JAMES  
1225 DONNA DR  
FT MYERS FL 33919**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ROAN, JAMES**  
STREET ADDRESS **1225 DONNA DR**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ DELETE

NAME **ROAN, ELLEN**  
STREET ADDRESS **1225 DONNA DR**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☐ DELETE

NAME **ROAN, THOMAS W**  
STREET ADDRESS **6735 GOLDFIELD DR**  
CITY-ST-ZIP **COLORADO SPRINGS CO**

TITLE **D** ☐ DELETE

NAME **ROAN, RONALD H**  
STREET ADDRESS **860 OXFORD LANE 318-B**  
CITY-ST-ZIP **COLORADO SPRINGS CO**

TITLE **D** ☐ DELETE

NAME **ROAN, ROBERT S**  
STREET ADDRESS **18557 VIOLET SAN CARLOS PARK**  
CITY-ST-ZIP **FT. MYERS FL**

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*James Roan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-99 941-939-2377**  
Date Daytime Phone #

CR2E034 (11/98)