

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL 20 AM 9:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V56731 (5)

1. Corporation Name

ALLIED FLORIDA INSURANCE AGENCY, INC.

Principal Place of Business

**12235 OVERSEAS HIGHWAY
MARATHON FL 33050**

Mailing Address

**12235 OVERSEAS HIGHWAY
MARATHON FL 33050**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/11/1992** 3a. Date of Last Report **04/06/1994**

4. FEI Number **65-0349075** 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

21 6400 OVERSEAS HWY

2a. Mailing Address

28 Same

Suite, Apt. #, etc.

22 Upstairs - West End

Suite, Apt. #, etc.

27 City & State

City & State

23 Marathon, FL

City & State

28

Zip

24 33050

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SLAY, STEVEN
12235 OVERSEAS HIGHWAY
MARATHON FL 33050**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	SLAY, STEVEN
STREET ADDRESS	153 #D US HWY 1
CITY-ST-ZIP	GRASSY KEY FL
TITLE	T
NAME	SLAY, STEVEN
STREET ADDRESS	153 #D US HWY 1
CITY-ST-ZIP	GRASSY KEY FL
TITLE	V
NAME	SLAY, JANICE L.
STREET ADDRESS	153 #D US HWY 1
CITY-ST-ZIP	GRASSY KEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 furnished with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 110.07(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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven E. Slay 6-8-95 205 7430104

CR2E034 (3/95)