

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:30

DOCUMENT # **262215** (7)

1. Corporation Name
MCDONALD INSURANCE AGENCY INC

Principal Place of Business Mailing Address
**260 AVENUE A. S.W.
P. O. BOX 940
WINTER HAVEN FL 33880**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/01/1962** 3a. Date of Last Report **04/07/1994**

4. FEI Number **59-0979525** 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 28 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACQUELYN S. STAACK
P. O. BOX 9444
WINTER HAVEN FL 33880**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	STAACK, J S
STREET ADDRESS	CO AVE A SW BOX 9444
CITY- ST- ZIP	WINTER HAVEN, FL 00000
TITLE	VPD
NAME	MACDONALD, JR. D
STREET ADDRESS	260 AVE A S.W.
CITY- ST- ZIP	WINTER HAVEN, FL 00000
TITLE	VPSD
NAME	LITTLEJOHN, C. W
STREET ADDRESS	235 HERNANDO DR.
CITY- ST- ZIP	WINTER HAVEN, FL 00000
TITLE	D
NAME	STAACK, J S
STREET ADDRESS	C/O 260 AVE ASW BX9444
CITY- ST- ZIP	WINTER HAVEN, FL 00000
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MacDonald, Jr. Don
2.3 STREET ADDRESS	1528 Ave. L., N. W.
2.4 CITY- ST- ZIP	Winter Haven, Fla. 33881
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: Jacquelyn S. Staack, Pres. 3/1/95 813 293 2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State #

TO: Department of State
Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, Fla. 32302-1500

McDonald Insurance Agency, Inc.
Winter Haven's Oldest Agency
POST OFFICE BOX 940 - WINTER HAVEN, FL 33883
Phone: (813) 293-2131 - Fax: (813) 294-4850

SUBJECT: McDonald Insurance Agency, Inc.
Document #262215

DATE: 3/1/95

We are attaching hereto our 1995 Corporate report together with our check in the amount of \$208.75 representing \$200. fee plus \$8.75 for Certificate of Status. Please let us have Certificate of Status in due course.

Thanks,

Jackie Staack, Pres.



PLEASE REPLY TO →
Check No. 43580

SIGNED

REPLY

DATE:

SIGNED

THIS COPY FOR PERSON ADDRESSED