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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 330589

POWELL AGENCY, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90050 033 ***150.00



			- —			<u>-</u>	 		, 01011 (131 5 100)
Principal Place	of Business	Mailing Address					•		
110 N PARTIN DR. 110 N PARTIN DR.									
P.O. BOX 310		P.O. BOX 310			DO NOT WRITE IN THIS SPACE				
NICEVILLE FL 32588-7310		NICEVILLE FL 32588-7310			Date Incorporated or Qualifed				
				,		05/27/1968		•	
		2a. Mailing Address				4. FEI Number			oplied For
_ `	ace of Business								lot Applicable
21		26				59-1213877			Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		·	Required	
22		27			 	. 1	-	<u> </u>	
City & State	•	City & State			6. Election Campaign Financing			May Be	
23		28			Trust Fund Contribution			IO Fees	
Zip	Country	Zip	Coun	ιιгу		8. This corporation owes the cum	ent year Int	angible □Yes	□No
24	25	<u></u>	10		·	Personal Property Tax.			
	9. Name and Address of Curre	ent Registered Agent		04	N	10. Name and Address of New I	registered	Agent	
	·		- 1	81	Name				
POWELL, THOMAS A			l i	82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
641 SAILBOAT DR									
NICEVILLE FL 32578			Ţ.	83		- 建铝矿铁矿铁矿			
			-	0.4	Cit		e d'Madail Francis	les Zir	Code Residen
,				84	City		FL	. 65 24	0000
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the ab	ove-	named corpo	oration submits this statement for the	purpose of	changing if	s registered
- Affice or c	agistored agent or both in the Stat	e of Florida. Such change was aut	nonzea	DV U	he corporatio	on's board of directors. I hereby acce	pt the appoi	ntment as r	egistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fibric	ua Statu	iles.					
SIGNATURE	Signature, typed or printed name of registered as	NOTE: I	Panistarad A	Anent	signature required	when reinstating)	DATE		 ,
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECT	ORS IN 12
TITLE	PD	□ DELETE	1,1 TITL	LE		man and a second		☐ Change	Addition
		_	1.2 NAM	ME					.,
NAME	POWELL, T A				ADDRESS				. 1
STREET ADDRESS	641 SAILBOAT DR				ţ				
CITY-ST-ZIP	NICEVILLE FL	[] DELETE	1.4 CIT		· ZIP			Change	Addition
TITLE	D	☐ DELETE	2.1 1111					Onemge	
NAME	POWELL, MARGARET L			LIE					• 1
STREET ADDRESS	620 NELSON PT RD		2.2 NAM	ME			•	. , ,	• 1
CITY-ST-ZIP					ADDRESS				• •
	NICEVILLE FL			REET		, .			
TITLE	NICEVILLE FL D	☐ DELETE	2.3 STF	REET.				☐ Change	e Addition
	D	☐ DELETE	2.3 STF 2.4 CIT	REET / TY-ST LE		<u> </u>		☐ Change	• Addition
TITLE NAME	D POWELL, THOMAS J JR	☐ DELETE	2.3 STF 2.4 CIT 3.1 TITU 3.2 NAA	REET / TY-ST LE ME			· · · · · · · · · · · · · · · · · · ·	_ `	_
TITLE NAME STREET ADDRESS	D POWELL, THOMAS J JR 620 NELSON PT RD	☐ DELETE	2.3 STF 2.4 CIT 3.1 TITU 3.2 NAA	REET, TY-ST LE ME REET,	-ZiP ADDRESS			Specifical Specifical	1. 6. 数 自动推荐 独身的 1. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, THOMAS J JR	☐ DELETE	2.3 STF 2.4 CIT 3.1 TITU 3.2 NA/ 3.3 STF	REET, TY-ST LE ME REET, TY-ST	-ZiP ADDRESS		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Specifical Specifical	_
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D POWELL, THOMAS J JR 620 NELSON PT RD NICEVILLE FL	☐ DELETE	2.3 STF 2.4 Cff 3.1 Tff 3.2 NA/ 3.3 STF 3.4. Cff 4.1 Tfff 4.2 NA/ 4.3 STF 4.4 Cff 5.1 Tfff 5.2 NA/	REET, TY-ST LE ME REET, TY-ST LE REET REET TY-ST LE LY-ST LE LY-ST LE LY-ST LE LY-ST LE LY-ST LE LY-ST LE	ADDRESS 1-ZIP ADDRESS -ZIP		(-) (1/4) (-) (1/4) (-) (1/4)	În la Birtina î	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, THOMAS J JR 620 NELSON PT RD NICEVILLE FL	☐ DELETE	2.3 STF 2.4 CIT 3.1 TITI 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAJ 5.3 STF 5.4 CIT 6.1 TITI 6.2 NAJ	REET/ ITY-SI LE REET/ TY-SI LE AME REET/ REET/ TY-SI LE MME REET/ TY-SI LE MME REET/ TY-SI LE MME REET/ TY-SI LE MME	ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS -ZIP		() () () () () () () () () ()	☐ Chang	Addition
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14. 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 five 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:

1-25-99

850-678-2514