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FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 MAR 11 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703620

1. Corporation Name
INDEPENDENT INSURANCE AGENTS OF VOLUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
220 S RIDGEWOOD AVE STE 500 DAYTONA BCH FL 32114 US	PO BOX 2412 DAYTONA BCH FL 32114 US

[redacted]

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/21/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6139080 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KISER, JEFF 220 S RIDGEWOOD AVE C/O POE & BROWN DAYTONA BCH FL 32114	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	FULTON, CHRIS		1.2 NAME	David Gartrell	
STREET ADDRESS	220 S RIDGEWOOD AVE		1.3 STREET ADDRESS	220 S. Ridgewood Ave	
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP	Daytona Beach, FL	
TITLE	D	☐ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	BARLOW, BOBBI, P		2.2 NAME	Peter Matulis	
STREET ADDRESS	220 S RIDGEWOOD		2.3 STREET ADDRESS	220 S. Ridgewood Ave	
CITY-ST-ZIP	DAYTONA BEACH FL		2.4 CITY-ST-ZIP	Daytona Beach, FL	
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, ED		3.2 NAME		
STREET ADDRESS	1120 BEVILLE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LYDECKER, CHARLES		4.2 NAME		
STREET ADDRESS	534 SANDY OAKS BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KISER, JEFF		5.2 NAME		
STREET ADDRESS	220 S RIDGEWOOD AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PHILIP SCARCELLA		6.2 NAME		
STREET ADDRESS	32 FREEPORT LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		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 617, 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: [signature] **SIGNATURE REQUIRED** 1/21/99 904-252-9601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)