

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

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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90036 016 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F62624

1. Corporation Name
TOM SYKES INSURANCE AGENCY, INC.



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|---|---|
| Principal Place of Business 221 S.W. 17TH ST. P.O. BOX 2556 OCALA FL 34478 US | Mailing Address 221 S.W. 17TH ST. P.O. BOX 2556 OCALA FL 34478 US |
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DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|---|
| 2. Principal Place of Business 21 1225 NE 16 th Ave Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 P O Box 808 Suite, Apt. #, etc. 27 | 3. Date Incorporated or Qualified 01/11/1982 | 4. FEI Number 59-2193231 Applied For Not Applicable |
| City & State 23 Ocala FL | City & State 28 Citra FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Zip Country 24 34470 25 Motion | Zip Country 29 32113 30 Motion | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent SYKES, THOMAS M 221 S.W. 17TH ST. OCALA FL 34478 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1225 NE 16 th Ave 83 84 City FL 85 Zip Code |
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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 _____
 Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------------|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | SYKES, THOMAS M |
| STREET ADDRESS | 1225 NE 16TH AVENUE |
| CITY-ST-ZIP | OCALA FL |
| TITLE | STD <input type="checkbox"/> DELETE |
| NAME | SYKES, BERTHA M |
| STREET ADDRESS | 1225 NE 16TH AVENUE |
| CITY-ST-ZIP | OCALA FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 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: *Thomas M Sykes* **SIGNATURE REQUIRED** 3/15/99 Date _____ Daytime Phone # _____

CR2E034 (11/98)