

1-19-95 13-175-C  
**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 JAN 19 AM 11:16

**DOCUMENT # F76837 (6)**

1. Corporation Name

**ALAN JACKSON INSURANCE AGENCY, INC.**

Principal Place of Business

865 20TH PL STE 2  
 VERO BCH FL 32960

Mailing Address

865 20TH PL STE 3  
 VERO BCH FL 32960  
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/19/1982

3a. Date of Last Report

02/03/1994

4. FEI Number

59-2192307

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 to intangible tax under S. 199.032,  
 Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**JACKSON, ALAN  
 865 20TH PLACE, STE 2  
 VERO BEACH FL 32960**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**  
 NAME **JACKSON, J ALAN**  
 STREET ADDRESS **865 20TH PLACE STE2**  
 CITY- ST- ZIP **VERO BCH FL**

TITLE **S**  
 NAME **JACKSON, CAROL**  
 STREET ADDRESS **865 20 PLACE STE 2**  
 CITY- ST- ZIP **VERO BCH. FL**

NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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, as changed, or in an attachment with an address.

SIGNATURE:

*J. Alan Jackson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-95

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