

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J55815 (1)

1. Corporation Name  
COGGINS INSURANCE AGENCY, INC.



Principal Place of Business: 504 SO FAIRFIELD DR STE A1 PENSACOLA FL 32506 US  
Mailing Address: 504 SO FAIRFIELD DR STE A1 PENSACOLA FL 32506 US

2. Principal Place of Business: 21 State App. #, etc. 22 City & State 23 Zip 24  
2a. Mailing Address: 26 State App. #, etc. 27 City & State 28 Zip 29  
30

3. Date of Incorporation or Date of 02/05/1987  
3a. Date of Last Report 04/26/1995  
4. FEIN Number 59-2794695  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Fund Fund Contributors \$5.00 May Be Added to Fees  
8. This corporation has liability for unpaid tax under s. 190.042, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent  
COGGINS, JAMES A.  
504 S. FAIRFIELD DR., SUITE A1  
PENSACOLA FL 32506

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 Section 607.01, Florida Statutes, the above named corporation hereby certifies that the purpose of changing its registered office or registered agent is to comply with the provisions of Section 607.01, Florida Statutes.

SIGNATURE OF REGISTERED AGENT

12. OFFICERS AND DIRECTORS

12.1	NAME: STD COGGINS, JAMES A.	STREET ADDRESS: 4220 LANGLEY AVE PENSACOLA FL	CITY, STATE, ZIP: PD	12.1	TITLE: [ ] OFFICER
12.2	NAME: COGGINS, SONJA I.	STREET ADDRESS: 4220 LANGLEY AVE PENSACOLA FL	CITY, STATE, ZIP: PD	12.2	TITLE: [ ] OFFICER
12.3	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	12.3	TITLE: [ ] OFFICER
12.4	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	12.4	TITLE: [ ] OFFICER
12.5	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	12.5	TITLE: [ ] OFFICER
12.6	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	12.6	TITLE: [ ] OFFICER
12.7	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	12.7	TITLE: [ ] OFFICER
12.8	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	12.8	TITLE: [ ] OFFICER
12.9	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	12.9	TITLE: [ ] OFFICER
12.10	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	12.10	TITLE: [ ] OFFICER

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	13.1	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	13.2	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	13.3	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	13.4	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	13.5	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	13.6	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	13.7	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	13.8	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	13.9	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME:	STREET ADDRESS:	CITY, STATE, ZIP:	13.10	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is true and correct and that I am a resident of the State of Florida. I further certify that the information and data furnished in this report is a true and correct statement of the facts and circumstances as they exist at the time of filing this report. I have signed this report as a true and correct statement of the facts and circumstances as they exist at the time of filing this report. I have signed this report as a true and correct statement of the facts and circumstances as they exist at the time of filing this report.

SIGNATURE: Sonja I. Coggins SONJA I. Coggins 4-9-96 904-457-3299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)