2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 A
Secretary of State

DOCUMENT # P00000078860

1. Entity Name

J. ROLFE DAVIS INSURANCE AGENCY, INC

Principal Place of Business	Mailing Address
850 CONCOURSE PKWY SOUTH, STE 200	P.O. BOX 945255
MAITLAND, FL 32751	

2. Principal Place of Business	3. Mailing Address
SEE ABOVE	41 S. HIGH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	HC0630
City & State	City & State
	COLUMBUS, OH
Zip / Country	Zip / Country
	43215 / USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1731241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARY, MARY BETH M. ESQ.	Name
5801 PELICAN BAY BLVD.	Street Address (P.O. Box Number is Not Acceptable)
SUITE 300	
NAPLES, FL 34108-2709	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEES: $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP F. DAVID MCKINNEY 850 CONCOURSE PKWY S, STE 200 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CLYDE O. MCBRIDE 850 CONCOURSE PKWY S STE. 200 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004523855--2 -08/08/01--01019--015 ****200.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DONALD B. BOONE 850 CONCOURSE PKWY S. STE 200 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JOHN F. WATSON, JR. 850 CONCOURSE PKWY S, STE 200 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition $150.00 wire 8/2/01

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Pamela H. Ewbank PAMELA H. EWBANK VP-TAX COMPLIANCE MGR x 4-30-01 x 614/480-3898
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Title — Date — Telephone Number
HUNTINGTON BANCSHARES