

703000000499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

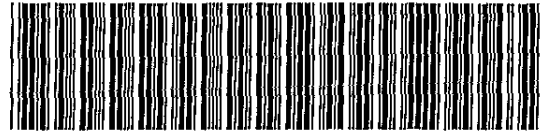
(Document Number)

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789/2927/304/671  
if the mark  
to be reg is "SGA"  
this is what must be  
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P/s delete "incased  
or not incased" from  
Part III.



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04/11/03--01046--003 \*\*87.50

Strickland General  
Agency (36)  
SGA ✓



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR 29 PM 1:51

~~W03-10626~~

✓  
✓  
703-499



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 14, 2003

NEIL H. STRICKLAND  
P.O. BOX 4084  
DULUTH, GA 30096

SUBJECT: SGA  
Ref. Number: W03000010626

We have received your document for SGA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

If the mark to be registered is "SGA" this is what must be listed in Part III. Please delete "ENCASED OR NOT ENCASED" from Part III.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux  
Corporate Specialist Supervisor

Letter Number: 203A00022352

**APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK**  
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

**TO: Division of Corporations**  
Post Office Box 6327  
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Neil H Strickland

P. O. Box 4084

Duluth, Georgia 30096

( 678 ) 259-3700 ext. 120

Daytime Telephone number

**PART I**

1. (a) Applicant's name: Strickland General Agency of FL, Inc.

(b) Applicant's business address: 2963 Gulf to Bay Blvd., Suite 200

Clearwater, FL 33759

City/State/Zip

(c) Applicant's telephone number: ( 727 ) 669-8886

Individual

Corporation

Joint Venture

Other: \_\_\_\_\_

General Partnership

Limited Partnership

Union

If other than an individual,

(1) Florida registration number: P02000121107 ✓ (2) Domicile State: Florida

(3) Federal Employer Identification Number: 30-0128373

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:  
(i.e., furniture moving services, diaper services, house painting services, etc.)

Insurance Agency

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:  
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Business Cards, Brochures, Flyers, Newspaper Advertisement, Labels, Decals, Letterhead,

Envelopes, Trade Publications, Promotional Products including Apparel, etc.

(Continued)

(d) The class(es) in which goods or services fall:

Class 36 Insurance and Financial

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: November 1, 1967 (b) Date first used in Florida: January 1, 1977

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

SGA

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " N/A " APART FROM THE MARK AS SHOWN.

I, Neil H. Strickland, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Strickland General Agency of FL, Inc.

Typed or printed name of applicant

Neil H. Strickland, President

Applicant's signature or authorized person's signature (List name and title)

FILED 03 APR 29 PM 1:51 SECRETARY OF STATE DIVISION OF CORPORATIONS

STATE OF Georgia

COUNTY OF Gwinnett

On this 23rd day of April, 2003, Neil H. Strickland personally appeared before me,

[X] who is personally known to me [ ] whose identity I proved on the basis of

(Seal)

Notary Public Signature

MANSFIELD J. WELKAMS JR.

Notary's Printed Name Notary Public, Gwinnett County, Georgia

My Commission Expires: My Commission Expires April 6, 2007

FEE: \$87.50 per class



**STRICKLAND**  
GENERAL AGENCY, INC.

**NEIL H. STRICKLAND**  
President

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P.O. Box 4084  
Duluth, GA 30096-4084

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800-825-5742  
Fax: 678-259-3701

Direct: 678-259-3710      E-Mail: [nstrickland@sgainga.com](mailto:nstrickland@sgainga.com)

**"PROFESSIONAL INSURANCE WHOLESALER"**