

ANNUAL REPORT

1995

DIVISION OF CORPORATIONS

FILED

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DOCUMENT # 180808 (8)

1. Corporation Name  
CHAZAL BLAIR INSURANCE AGENCY, INC.

INCORPORATED OR STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
104 SE 1ST AVENUE 104 SE 1ST AVENUE  
P.O. BOX 2410 P.O. BOX 2410  
OCALA FL 32678 Ocala FL 32678

3. Date Incorporated or Qualified 3a. Date of Last Report  
09/29/1954 03/22/1994

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For  
59-0862274 Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22. City & State 27. City & State

6. Election Campaign Financing  \$5.00 May Be Added to Fees

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.039, Florida Statutes  Yes  No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAZAL, RICHARD A.  
4502 NORTHEAST 5TH ST.  
OCALA FL 34470

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C
NAME	CHAZAL, RICHARD A.
STREET ADDRESS	4502 SOUTHEAST 5TH ST.
CITY-ST-ZIP	OCALA FL
TITLE	P
NAME	BLAIR, CHARLES A.
STREET ADDRESS	1131 SE 17TH AVENUE
CITY-ST-ZIP	OCALA FL
TITLE	VT
NAME	WILLIAMS, THOMAS C.
STREET ADDRESS	9085 SW 19 AVENUE
CITY-ST-ZIP	OCALA FL
TITLE	VS
NAME	CHAZAL, CHARLES P.
STREET ADDRESS	230 NE 51 AVENUE
CITY-ST-ZIP	OCALA FL
TITLE	V
NAME	LEIBEE, RICHARD D.
STREET ADDRESS	5485 NE 2ND LANE
CITY-ST-ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

*Thomas C. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Thomas C. Williams

4-18-95

Date

904-628-4125

Telephone #