

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **228409** (9)

95 JAN 31 PM 2:13

1. Corporation Name
J. ROLFE DAVIS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
11 SOUTH BUMBY AVENUE 32803 P.O. BOX 538230 ORLANDO FL 32853-8230 US	11 SOUTH BUMBY AVENUE 32803 P.O. BOX 538230 ORLANDO FL 32853-8230 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/26/1959** 3a. Date of Last Report **02/14/1994**

4. FBI Number **59-0876788** 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 for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**HATCHER, MARION F.
11 S BUMBY AVENUE
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, MARION F	1.2 NAME	
STREET ADDRESS	908 ALBA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRYDE, CLYDE D	2.2 NAME	
STREET ADDRESS	2835 BANCHORY	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOONE, DONALD B	3.2 NAME	
STREET ADDRESS	2047 SIESTA	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAWAY, CHARLES E	4.2 NAME	
STREET ADDRESS	1915 COTSWOLD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JOHN F. JR.	5.2 NAME	
STREET ADDRESS	310 LAKE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, F. DAVID	6.2 NAME	
STREET ADDRESS	3039 MIDDLESEX ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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)(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 if changed, on an attachment with an address.

SIGNATURE: Rocky Santomaggio **Rocky Santomaggio** 01/26/95 (407) 896-0550



**J. ROLFE DAVIS
INSURANCE AGENCY, INC.**

ADDITIONAL INFORMATION FOR THE CORPORATION ANNUAL REPORT 1995

13. NAMES AND STREET ADDRESSES OF OFFICERS AND DIRECTORS

- | | | | |
|----------|--------------------|----------------------|--------------|
| 1. V/D | L. Kipp Minter | 4202 Woodlynne Lane | Orlando, FL |
| 2. V/T/S | Rocky Santomassino | 1612 Lorena Lane | Orlando, FL |
| 3. V | Bruce C. Arrow | 1869 Arlington Court | Longwood, FL |

Corporate Office
11 South Bumby Avenue
Post Office Box 538230
Orlando, Florida 32853-8230
(407) 896-0550 FAX (407) 896-6926

