

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **228409** (9)

1. Corporation Name

J. ROLFE DAVIS INSURANCE AGENCY, INC.



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

3. Date Incorporated or Qualified: **09/26/1959** 3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-0676788** 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: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 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 City: 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 of the corporation and the principal officer or director

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	VP/D
NAME	HATCHER, MARION F	1.2 NAME	MINTER, L. KIPP
STREET ADDRESS	908 ALBA DRIVE	1.3 STREET ADDRESS	4202 WOODLYNNE LANE
CITY, STATE, ZIP	ORLANDO FL	1.4 CITY, STATE, ZIP	ORLANDO, FL 32812
TITLE	VPD	2.1 TITLE	VP/T/S
NAME	MCBRYDE, CLYDE D	2.2 NAME	SANTOMASSINO, ROCKY
STREET ADDRESS	2835 BANCHORY	2.3 STREET ADDRESS	1612 LORENA LANE
CITY, STATE, ZIP	WINTER PARK, S FL.	2.4 CITY, STATE, ZIP	ORLANDO, FL 32806
TITLE	VPD	3.1 TITLE	VP
NAME	BOONE, DONALD B	3.2 NAME	ARROW, BRUCE C.
STREET ADDRESS	2047 SIESTA	3.3 STREET ADDRESS	1869 ARLINGTON COURT
CITY, STATE, ZIP	ORLANDO FL	3.4 CITY, STATE, ZIP	LONGWOOD, FL 32779
TITLE	VPD	4.1 TITLE	
NAME	HOLLOWAY, CHARLES E	4.2 NAME	
STREET ADDRESS	1915 GOSWOLD DRIVE	4.3 STREET ADDRESS	
CITY, STATE, ZIP	ORLANDO FL	4.4 CITY, STATE, ZIP	
TITLE	VPD	5.1 TITLE	
NAME	WATSON, JOHN F. JR.	5.2 NAME	
STREET ADDRESS	318 LAKE ROAD	5.3 STREET ADDRESS	
CITY, STATE, ZIP	LAKE MARY FL	5.4 CITY, STATE, ZIP	
TITLE	PD	6.1 TITLE	
NAME	MCKINNEY, F. DAVID	6.2 NAME	
STREET ADDRESS	3039 MIDDLESEX ROAD	6.3 STREET ADDRESS	
CITY, STATE, ZIP	ORLANDO FL	6.4 CITY, STATE, ZIP	

1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MINTER, L. KIPP	
1.3 STREET ADDRESS	4202 WOODLYNNE LANE	
1.4 CITY, STATE, ZIP	ORLANDO, FL 32812	
2.1 TITLE	VP/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SANTOMASSINO, ROCKY	
2.3 STREET ADDRESS	1612 LORENA LANE	
2.4 CITY, STATE, ZIP	ORLANDO, FL 32806	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ARROW, BRUCE C.	
3.3 STREET ADDRESS	1869 ARLINGTON COURT	
3.4 CITY, STATE, ZIP	LONGWOOD, FL 32779	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, STATE, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, STATE, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, STATE, 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 119.07(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, unchanged, or as an attachment with an address.

SIGNATURE:

Rocky Santomassino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rocky Santomassino

01/30/96

407-896-0550

DATE

DAYTIME PHONE #

CR2E034 (12/95)