

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
---	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/26/1959	
4. FEI Number 59-0876788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 F. DAVID MCKINNEY	
82 Street Address (P.O. Box Number is Not Acceptable) 11 S. BUMBY AVENUE	
83	
84 City ORLANDO	85 Zip Code FL 32803

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 **F. David McKinney, President** 01/28/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	OO <input checked="" type="checkbox"/> DELETE
NAME	HATCHER, MARION F
STREET ADDRESS	888 ALBA DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	MCBRYDE, CLYDE D
STREET ADDRESS	2835 BANCHORY
CITY-ST-ZIP	WINTER PARK, S FL.
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BOONE, DONALD B
STREET ADDRESS	2047 SIESTA
CITY-ST-ZIP	ORLANDO FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	MINTER, L KIPP
STREET ADDRESS	4202 WOODLYNNE LANE
CITY-ST-ZIP	ORLANDO FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	WATSON, JOHN F. JR.
STREET ADDRESS	318 LAKE ROAD
CITY-ST-ZIP	LAKE MARY FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MCKINNEY, F. DAVID
STREET ADDRESS	3039 MIDDLESEX ROAD
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROCKY SANTOMASSINO
1.3 STREET ADDRESS	1612 LORENA LANE
1.4 CITY-ST-ZIP	ORLANDO, FL 32806
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEFFREY L. JOHNSON
2.3 STREET ADDRESS	1684 EAGLE NEST CIRCLE
2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK V. HOLMES
3.3 STREET ADDRESS	821 LULLWATER DRIVE
3.4 CITY-ST-ZIP	OVIEDO, FL 32765
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 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 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 **Rocky Santomassino** 01/28/98

CR2E034 (10/97)