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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

Mailing Address

11 SOUTH BUMBY AVENUE 32803
P.O. BOX 538230
ORLANDO FL 32853-8230
US

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P.O. BOX 538230
ORLANDO FL 32853-8230
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1959

4. FEI 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

F. DAVID MCKINNEY

82 Street Address (P.O. Box Number is Not Acceptable)

11 S. BUMBY AVENUE

83

84

City

ORLANDO

FL

85

Zip Code
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~OO~~ ☒ DELETE
NAME ~~HATCHER, MARION F~~
STREET ADDRESS ~~808 ALBA DRIVE~~
CITY-ST-ZIP ~~ORLANDO FL~~

1.1 TITLE V/T/S ☐ Change ☒ Addition
1.2 NAME ROCKY SANTOMASSINO
1.3 STREET ADDRESS 1612 LORENA LANE
1.4 CITY-ST-ZIP ORLANDO, FL 32806

TITLE VPD ☐ DELETE
NAME MCBRYDE, CLYDE D
STREET ADDRESS 2835 BANCHORY
CITY-ST-ZIP WINTER PARK, FL

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME JEFFREY L. JOHNSON
2.3 STREET ADDRESS 1684 EAGLE NEST CIRCLE
2.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE VPD ☐ DELETE
NAME BOONE, DONALD B
STREET ADDRESS 2047 SIESTA
CITY-ST-ZIP ORLANDO FL

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME MARK V. HOLMES
3.3 STREET ADDRESS 821 LULLWATER DRIVE
3.4 CITY-ST-ZIP OVIEDO, FL 32765

TITLE VPD ☐ DELETE
NAME MINTER, L KIPP
STREET ADDRESS 4202 WOODYLYNNE LANE
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME WATSON, JOHN F. JR.
STREET ADDRESS 318 LAKE ROAD
CITY-ST-ZIP LAKE MARY FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME MCKINNEY, F. DAVID
STREET ADDRESS 3039 MIDDLESEX ROAD
CITY-ST-ZIP ORLANDO FL

6.1 TITLE ☐ Change ☐ 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)