

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90031 040 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 228409**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>09/26/1959</b>	4. FEI Number <b>59-0876788</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCKINNEY, F D**  
**11 S BUMBY AVE**  
**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 **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	SANTOMASSINO, ROCKY	
STREET ADDRESS	1612 LORENA LANE	
CITY-ST-ZIP	ORLANDO FL 32806	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUCKLEY, BRIAN T	
1.3 STREET ADDRESS	713 BRITTANY LAKES LANE #222	
1.4 CITY-ST-ZIP	ORLANDO FL 32828	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" 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 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, with all other like empowered.

SIGNATURE: Rocky Santomassino Rocky Santomassino 01/26/99 407-896-0550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)