

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **244271** (3)

1. Corporation Name

CRESTVIEW INSURANCE AGENCY INC



Principal Place of Business

**301 N FERDON BLVD
P.O. BOX 1328
CRESTVIEW FL 32536**

Mailing Address

**P.O. BOX 1328
P.O. BOX 1328
CRESTVIEW FL 32536-1328
US**

2. Principal Place of Business

2a. Mailing Address

21 301 N. Ferdon Blvd

26 P. O. Box 1328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/31/1961

3a. Date of Last Report

05/01/1995

4. FEI Number

59-0917752

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

10. Name and Address of New Registered Agent

**PARKER, JERRY L
301 N. FERDON BLVD
CRESTVIEW FL 32536**

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

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **PARKER, JERRY L**
STREET ADDRESS **301 N. FERDON BLVD**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **VP** ☐ DELETE

NAME **PARKER, FRANCIS F.**
STREET ADDRESS **301 N. FERDON BLVD**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **S** ☐ DELETE

NAME **PARKER, PATRICIA E**
STREET ADDRESS **301 N. FERDON BLVD**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **D** ☐ DELETE

NAME **PARKER, PATRICIA E.**
STREET ADDRESS **301 N. FERDON BLVD**
CITY-ST-ZIP **CRESTVIEW FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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, if change, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jerry L. Parker, Sr., Pres.

4/30/96

Date

904 682 2519

Daytime Phone #

CR2E034 (12/95)