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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 260306 (6)

1. Corporation Name

MACMILLAN-BUCHANAN INSURANCE AGENCY, INC.



Principal Place of Business

317 RIVEREDGE BLVD.  
P.O. BOX 1000  
COCOA FL 32922

Mailing Address

317 RIVEREDGE BLVD.  
P.O. BOX 1000  
COCOA FL 32922

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCHANAN, MARK S.  
317 RIVEREDGE BLVD.  
COCOA FL 32922

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type: 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 V ☐ DELETE  
NAME HILL, MICHAEL A.  
STREET ADDRESS 317 RIVEREDGE BLVD.  
CITY-STATE-ZIP COCOA, FL 00000

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME HILL, MICHAEL A.  
1.3 STREET ADDRESS 317 RIVEREDGE BLVD.  
1.4 CITY-STATE-ZIP COCOA, FL 32922

TITLE DVT ☐ DELETE  
NAME HARRISON, WENDELL  
STREET ADDRESS 317 RIVEREDGE BLVD.  
CITY-STATE-ZIP COCOA FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE DPS ☐ DELETE  
NAME BUCHANAN, MARK S.  
STREET ADDRESS 317 RIVEREDGE BLVD.  
CITY-STATE-ZIP COCOA FL

3.1 TITLE D, S ☒ Change ☐ Addition  
3.2 NAME BUCHANAN, MARK S.  
3.3 STREET ADDRESS 317 RIVEREDGE BLVD.  
3.4 CITY-STATE-ZIP COCOA, FL 32922

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)