

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 286623

1. Corporation Name

NICHOLAS & CANNON AGENCY, INC.

Principal Place of Business

1 NORTH TUTTLE AVE
P.O. BOX 1419
SARASOTA FL 34230-8419

Mailing Address

1 NORTH TUTTLE AVE
P.O. BOX 1419
SARASOTA FL 34230-8419

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90050 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1964

4. FEI Number

59-1083437

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 CD ☐ DELETE
NAME VAUGHAN, MARTIN L III
STREET ADDRESS 10 STATE HOUSE SQUARE
CITY-ST-ZIP HARTFORD CT

TITLE CD ☐ DELETE
NAME CANNON, WILBERLY P
STREET ADDRESS 1 NORTH TUTTLE AVE
CITY-ST-ZIP SARASOTA FL

TITLE DP ☐ DELETE
NAME PAPA, ANTHONY T JR
STREET ADDRESS 1 N TUTTLE AVE
CITY-ST-ZIP SARASOTA FL

TITLE T ☒ DELETE
NAME RYAN, WILLIAM E
STREET ADDRESS 10 STATE HOUSE SQUARE
CITY-ST-ZIP HARTFORD CT

TITLE AT ☐ DELETE
NAME MOODY, ELLEN
STREET ADDRESS ONE AMERICNA ROW
CITY-ST-ZIP HARTFORD CT

TITLE AS ☐ DELETE
NAME ENGBERG, NANCY J
STREET ADDRESS ONE AMERICAN ROW
CITY-ST-ZIP HARTFORD CT 06102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME David W. Searfoss
1.3 STREET ADDRESS One American Row
1.4 CITY-ST-ZIP Hartford, CT 06102

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Treasurer ☐ Change ☒ Addition
4.2 NAME David R. Pellerin
4.3 STREET ADDRESS 10 State House Square
4.4 CITY-ST-ZIP Hartford, CT 06103

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

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)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

Date

860 247-1811

Daytime Phone #

CR2E034 (11/98)