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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 286877

DAVIS INSURANCE AGENCY, INC.								
Oringinal Plage	of Punineer	Mailing Address				- I SADDIO USBA YAYA GUAN GUNU LABU DARA DIRKI BYAY DIR	i elen alen alen alen ibi	i
Principal Place of Business Mailing Address 1251 NE 2ND ST. 1251 NE 2ND ST.						•		
P.O. BOX 1328 (MAILING ADDRESS) P.O. BOX 1328 (MAILING ADDRESS) OCALA FL 34478 OCALA FL 34478				(RESS)		DO NOT WRITE IN THIS SPACE	E	
US US						3. Date Incorporated or Qualifed		\Box
						11/09/1964		h
2. Principal P	lace of Business	2a. Mailing Address	-			4. FEI Number	Applied For	
21		26				59-1097071	Not Applicab	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						E Cortifonto of Statue Desired	.75 Additional - ee Required	-
City & State City & State						6. Election Campaign Financing S	5.00 May Be	
23 28							dded to Fees	
Zip	Country	Zip	Co	ountry		8. This corporation owes the current year Intangible		
24	25 29 30					Personal Property Tax.		
	9. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Registered Agent		
BOS	C CADEV I			81	Name			
ROSS, CAREY L 1251 NE 2ND ST				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
OCALA FL 34470				83				
				84	City	FL 85	Žip Code	
11 Durayant	to the provisions of Sections 607.0	1502 and 607 1508 Florida Sta	tutes the	above	a-named com-	and an automost for the purpose of chance	ing its registered	t
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was ignations of, Section 607.0505, I	authorize	ed by tatutes.	the corporatio	oration submits this statement for the purpose of change on's board of directors. I hereby accept the appointmen	t as registered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NG	OTE: Register	red Apen	t signature require	d when reinstating) DATE		Ì
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12	
TITLE	PD	☐ DELETE	1.1	TITLE			hange 🔲 Addit	tion
NAME	ROSS, CAREY L.		1.2	NAME				
STREET ADDRESS	1251 NE 2ND ST.		1.3	STREET	ADDRESS			
CITY-ST-ZIP	OCALA FL		1.4	CITY-ST	T-ZIP			
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NAME			2.2	NAME				
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

ITED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

352 622 7124