

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **290352** (4)

1. Corporation Name

FLAGLER COUNTY INSURANCE AGENCY, INC.



Principal Place of Business: **405 E. MOODY BLVD. P.O. BOX 128 BUNNELL FL 32110**
Mailing Address: **405 E. MOODY BLVD. P.O. BOX 128 BUNNELL FL 32110**

3. Date Incorporated or Qualified: **02/26/1965**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-1096951**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**PEAVY, HOWELL V.
405 E MOODY BLVD
BUNNELL FL 32010**

10. Name and Address of New Registered Agent
81. Name: **PATRICIA PEAVY-TULLY**
82. Street Address (P.O. Box Number is Not Acceptable): **44 Egret Trail (HOME ADDRESS)**
83. **405 East Moody Blvd. (OFFICE ADDRESS)
P. O. Box 128**
84. City: **BUNNELL, FLORIDA** FL 85. Zip Code: **32110**

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: **Patricia Peavy-TULLY, President** *Patricia Peavy-Tully* DATE: **April 18, 1996**

12. OFFICERS AND DIRECTORS

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	PEAVY, PATRICIA A.	
STREET ADDRESS	44 EGRET TRAIL	
CITY-ST-ZIP	PALM COAST FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	PEAVY, HOWELL V	
STREET ADDRESS	405 E MOODY BV	
CITY-ST-ZIP	BUNNELL FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STONE, JANET PEAVY	
STREET ADDRESS	P.O. BOX 350710, NA	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Patricia Peavy-TULLY	
13 STREET ADDRESS	44 Egret Trail	
14 CITY-ST-ZIP	Palm Coast, Florida 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	CHAIRMAN	
22 NAME	HOWELL V. PEAVY	
23 STREET ADDRESS	405 East Moody Blvd.	
24 CITY-ST-ZIP	Bunnell, Florida 32110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	VICE-PRES & SECT.	
32 NAME	JANET PEAVY-STONE	
33 STREET ADDRESS	42 Egret Trail	
34 CITY-ST-ZIP	Palm Coast, Florida 32110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	Treasurer	
42 NAME	Beverly A. Kelly	
43 STREET ADDRESS	P. O. Box 382	
44 CITY-ST-ZIP	BUNNELL, FLORIDA 32110	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 changed, or on an attachment with an address.

SIGNATURE: *Patricia Peavy-Tully*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia Peavy-TULLY, President

April 18, 1996 904-437-3392
Date Daytime Phone #

CR2E034 (12/95)