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FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
02/26/1965

4. FEI Number
59-1096951

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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

PEAVY-TULLY, PATRICIA
44 EGRET TRAIL
405 E MOODY BLVD
BUNNELL FL 32110

10. Name and Address of New Registered Agent

81 Name: **PATRICIA PEAVY-TILTON**

82 Street Address (P.O. Box Number is Not Acceptable): **44 EGRET TRAIL**

83: **405 E. MOODY BLVD., BOX 128**

84 City: **BUNNELL, FLORIDA FL** 85 Zip Code: **32110-0128**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PEAVY, PATRICIA A.	
STREET ADDRESS	44 EGRET TRAIL	
CITY-ST-ZIP	PALM COAST FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PEAVY, HOWELL V	
STREET ADDRESS	405 E MOODY BV	
CITY-ST-ZIP	BUNNELL FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	STONE, JANET PEAVY	
STREET ADDRESS	P.O. BOX 350710, NA	
CITY-ST-ZIP	PALM COAST FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KELLY, BEVERLY A	
STREET ADDRESS	P O BOX 382 NA	
CITY-ST-ZIP	BUNNELL 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

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PATRICIA PEAVY-TILTON	
1.3 STREET ADDRESS	44 EGRET TRAIL	
1.4 CITY-ST-ZIP	PALM COAST, FL 32137	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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.

SIGNATURE: **Howell V. Peavy, Chairman** *Howell V. Peavy* APRIL 3, 1998 (904) 437-3392

CR2E034 (10/97)