FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **293182** **(2)**

1. Corporation Name
FLORIDA COMBINED INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
8665 BAYPINE RD. P O BOX 2458 JACKSONVILLE FL 32256	8665 BAYPINE RD. P O BOX 2458 JACKSONVILLE FL 32256

3. Date Incorporated or Qualified: 05/21/1965
3a. Date of Last Report: 02/21/1995
4. FEI Number: 59-1098056 — 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 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. **Name and Address of Current Registered Agent**

PIES, HARVEY E.
532 RIVERSIDE AVE.
JACKSONVILLE FL 32231

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 ___ DATE ___

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1 TITLE	XX Change ☐ Addition
NAME	FLAHERTY, W.E.		1 NAME	FLAHERTY, WILLIAM E.
STREET ADDRESS	12316 MANDARIN ROAD		1 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2 TITLE	XX Change ☐ Addition
NAME	SIMMONS, D. R		2 NAME	SIMMONS, D. RANDEL
STREET ADDRESS	4333 CHARLESTON LANE		2 STREET ADDRESS	6710 COLLINS ROAD, APT. 314
CITY-ST-ZIP	JACKSONVILLE FL		2 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	CASCONE, MICHAEL JR		3 NAME	
STREET ADDRESS	8022 JAMES ISLAND TRAIL		3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		3 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	BAGNI, BRUCE N.		4 NAME	
STREET ADDRESS	2307 GREENSIDE COURT		4 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5 TITLE	VT — XX Change ☐ Addition
NAME	PALLAIS, ROBERT A.		5 NAME	
STREET ADDRESS	12460 LYDIA WOODS COURT		5 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		5 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME	LIPTAK, WALTER T.		6 NAME	
STREET ADDRESS	3205 OLD BARN COURT		6 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL		6 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: [signature] Robert A. Pallais, V.P. & Treasurer (904) 730-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 2/06/96 — Daytime Phone #

CR2E034 (12/95)

FLORIDA COMBINED INSURANCE AGENCY, INC.
Officers and Directors (Continued)

12.	Officers and Directors	13.	Add/Chgs To Officers and Directors
Title	D	Title	❑ Chg ❑ Add
Name	ALBRIGHT, THOMAS E	Name	
Street Address	8132 WEKIVA WAY	Street Address	
City-St-Zip	JACKSONVILLE FL 32256	City-St-Zip	
Title	D	Title	❑ Chg ❑ Add
Name	FAVINO, ANTONIO J	Name	
Street Address	546 GULFSTREAM CIRCLE N	Street Address	
City-St-Zip	ORANGE PARK FL 32073	City-St-Zip	
Title	D	Title	❑ Chg ❑ Add
Name	DAVIDSON, BRUCE A	Name	
Street Address	505 LANCASTER ST, 12-C	Street Address	
City-St-Zip	JACKSONVILLE FL 32204	City-St-Zip	
Title		Title	❑ Chg ❑ Add
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	❑ Chg ❑ Add
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	