

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

FILED  
Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2. Principal Place of Business

21 8665 Baypine Road

State, Apt. #, etc.

22 Suite 200

City & State

23 Jacksonville, FL

Zip

24 32256

Country

25

2a. Mailing Address

26 8665 Baypine Road

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Jacksonville, FL

Zip

29 32256

Country

30

3. Date Incorporated or Qualified

05/21/1965

3a. Date of Last Report

2/06/96

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Pies, Harvey E.  
532 Riverside Ave.  
Jacksonville, FL 32231

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 of person who is authorized agent and final applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

See Attached

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

000002104980  
-03/05/97--01061--029  
\*\*\*165.00

SIGNATURE:

Robert A. Pallais, VP & Treas.

2/27/97 (904) 828-7850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

**FLORIDA COMBINED INSURANCE AGENCY, INC.**  
**Officers and Directors**

12. Officers and Directors		13. Add/Chgs To Officers and Directors	
Title	CD	Title	<input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add
Name	FLAHERTY, WILLIAM E.	Name	
Street Address	12316 MANDARIN ROAD	Street Address	
City-St-Zip	JACKSONVILLE FL	City-St-Zip	32223
Title	V	Title	<input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add
Name	SIMMONS, D. RANDEL	Name	
Street Address	6710 COLLINS ROAD, #314	Street Address	6565 ANVERS BLVD
City-St-Zip	JACKSONVILLE FL	City-St-Zip	JACKSONVILLE FL 32210
Title	D	Title	<input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add
Name	CASCONE, MICHAEL JR	Name	
Street Address	8022 JAMES ISLAND TRAIL	Street Address	
City-St-Zip	JACKSONVILLE FL	City-St-Zip	32256
Title	S	Title	<input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add
Name	BAGNI, BRUCE N.	Name	
Street Address	2307 GREENSIDE COURT	Street Address	
City-St-Zip	PONTE VEDRA BEACH FL	City-St-Zip	32082
Title	VT	Title	<input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add
Name	ROBERT A. PALLAIS	Name	
Street Address	12460 LYDIA WOODS COURT	Street Address	
City-St-Zip	JACKSONVILLE FL	City-St-Zip	32258
Title	PD	Title	<input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add
Name	LIPTAK, WALTER T.	Name	
Street Address	3205 OLD BARN COURT	Street Address	
City-St-Zip	PONTE VEDRA BEACH FL	City-St-Zip	32082

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

12. Officers and Directors		13. Add/Chgs To Officers and Directors	
Title Name Street Address City-St-Zip	D ALBRIGHT, THOMAS E 8132 WEKIVA WAY JACKSONVILLE FL 32256	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	D FAVINO, ANTONIO J 546 GULFSTREAM CIRCLE N ORANGE PARK FL 32073	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	D DAVIDSON, BRUCE A 505 LANCASTER ST, 12-C JACKSONVILLE FL 32204	Title Name Street Address City-St-Zip	<input checked="" type="checkbox"/> Chg <input type="checkbox"/> Add  1946 RIVER ROAD JACKSONVILLE FL 32207
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	D <input type="checkbox"/> Chg <input checked="" type="checkbox"/> Add ROBERT CHRIS DOERR 8031 ACORN RIDGE RD JACKSONVILLE FL 32256
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	V <input type="checkbox"/> Chg <input checked="" type="checkbox"/> Add OUGH, SIDNEY W. 4368 BANKS ROAD MIDDLEBURG FL 32068