

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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90010 002 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 293182**

1. Corporation Name

**FLORIDA COMBINED INSURANCE AGENCY, INC.**

Principal Place of Business

8665 BAYPINE RD.  
SUITE 200  
JACKSONVILLE FL 32256

Mailing Address

8665 BAYPINE RD.  
SUITE 200  
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/21/1965**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	FLAHERTY, WILLIAM E.	
STREET ADDRESS	12316 MANDARIN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIMMONS, D. RANDEL	
STREET ADDRESS	1667 HIGHLAND VIEW COURT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASCONE, MICHAEL JR	
STREET ADDRESS	8022 JAMES ISLAND TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KAMMER, RANDY M	
STREET ADDRESS	3382 BOWERS LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PALLAIS, ROBERT A.	
STREET ADDRESS	12460 LYDIA WOODS COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIPTAK, WALTER T.	
STREET ADDRESS	3205 OLD BARN COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CD
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, with all other like empowered.

SIGNATURE:

**Robert A. Pallais, VP & Treas.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(904) 828-7850**  
Daytime Phone #

CR2E034 (11/98)

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**Secretary of State**

**FLORIDA COMBINED INSURANCE AGENCY**  
**Officers and Directors (Continued)**

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12. Officers and Directors		13. Ad	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> 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	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	ROBERT CHRIS DOERR	Name	
Street Address	8031 ACORN RIDGE RD	Street Address	
City-St-Zip	JACKSONVILLE FL 32256	City-St-Zip	
Title	V	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	OUGH, SIDNEY W.	Name	
Street Address	4368 BANKS ROAD	Street Address	
City-St-Zip	MIDDLEBURG FL 32068	City-St-Zip	
Title	V	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	MYERS, GARY R	Name	
Street Address	312 ROYAL TERN ROAD S.	Street Address	
City-St-Zip	PONTE VEDRA BCH FL 32082	City-St-Zip	
Title	D	Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name	ROBERT I LUFRANO	Name	
Street Address	8113 MIDDLE FORK WAY	Street Address	
City-St-Zip	JACKSONVILLE FL 32256	City-St-Zip	
Title		Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	