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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 300308

1. Corporation Name

BUCKINGHAM-WHEELER AGENCY INC

Principal Plac		Mailing Address P.O. BOX 220							
P.O. BOX 220 VERO BEACH FL 32961-0220 VERO BEACH FL 32961-0220 US					DO NOT WRITE IN THIS SPACE			•	
US		•				3. Date Incorporated or Qualifed 12/31/1965	L III III O	OI FLOE	
2. Principal P	lace of Business	2a. Mailing Address			- 	4. FEI Number 59-1114437		H	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<u> </u>		5 Additional Required
City & Stat	е	City & State		_		6. Election Campaign Financing Trust Fund Contribution		\$5.0	00 May Be
Zip 24	Country 25	Zip	Coun	try	·	This corporation owes the curre Personal Property Tax.			XNo
27	9. Name and Address of Currer		1			10. Name and Address of New F			347.15
		<u>*</u>		31	Name				
	THOMPSON, JAMES A., JR.			32	Street Addre	ss (P.O. Box Number is Not Accepta	hle)		
2046 14TH AVE VERO BCH FL 32960					Jucet Addie		ibie)		
VERO DUTI FL 32900			[8	33					
			ξ	34	City		FL	85 Z	ip Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	horized t	2y th	named corpo e corporation	ration submits this statement for the n's board of directors. I hereby accep	purpose of o t the appoin	hanging tment as	its registered registered
SIGNATURE	20	(100 To 100 To 1	· · · · · · · ·						
12.	Signature, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS	13.	gent s	signature required	ADDITIONS/CHANGES TO OFF	DATE	DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TITU			ADBITIONO/OTANGEO TO OTT	IOLINO AINE	Chang	
NAME	THOMPSON, JAMES A JR		1.2 NAM	E					
STREET ADDRESS	2046 14TH AVE		13 STRE	ETAL	DDRESS				
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY	-ST-Z	ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	=				Chang	je 🔲 Additior
NAME	THOMPSON, LOIS B		2.2 NAM	E					
STREET ADDRESS	2046 14TH AVE		2.3 STRE	EET AE	DDRESS				
CITY-ST-ZIP	VERO BCH FL		2.4 CITY-5		ZIP				
TITLE		☐ DELETE	3.1 TITLE		İ			Chang	ge 🗀 Addition
NAME			3.2 NAM		1				
STREET ADDRESS			3.3 STRE		í				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE		ZIP			[] Chang	je 🗌 Additior
NAME			4.1 IIILa		}			C Annual	□ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS			4. 2 NAM	_	DORESS				
CITY-ST-ZIP			4,4 CITY		ĺ				
TITLE		☐ DELETE	5.1 TITLE		 -			Chang	e Addition
NAME			5.2 NAME			•		•	
STREET ADDRESS			5.3 STRE	ETAC	DORESS				

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

ER AGENCY, INC.

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Jr.

☐ DELETE

Change

☐ Addition