

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **309709** (4)

1. Corporation Name

DAVID G. WILLBUR INSURANCE AGENCY, INC



Principal Place of Business

Mailing Address

2716 SO. U.S. HWY. 1
PO BOX 1360
FT. PIERCE FL 34982-5919
US

P.O. BOX 1360
PO BOX 1360
FT. PIERCE FL 34982-1360
US

3. Date Incorporated or Qualified
10/06/1967

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. **34954-1360**

30. Country

4. FEI Number
59-1149489

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

**WILLBUR, DAVID G. J
2716 SO. US HWY 1
FT. PIERCE FL 34982**

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

David Willbur

(NOTE: Registered Agent signature required when reinstating)

3/1/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **CB WILLBUR, DAVID G.**
STREET ADDRESS **2716 SOUTH US HWY 1**
CITY-ST-ZIP **FT PIERCE, FL 00000**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **2716 South U.S. Hwy. 1**
1.4 CITY-ST-ZIP **Ft. Pierce, FL 34982-5919**

TITLE DELETE
NAME **PD WILLBUR, DAVID G. JR.**
STREET ADDRESS **2716 SOUTH US HWY 1**
CITY-ST-ZIP **FT PIERCE, FL 00000**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **2716 South U.S. Hwy. 1**
2.4 CITY-ST-ZIP **Ft. Pierce, FL 34982**

TITLE DELETE
NAME **ST WILLBUR, BERNICE B.**
STREET ADDRESS **2716 SOUTH US HWY 1**
CITY-ST-ZIP **FT PIERCE, FL 00000**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS **2716 South U.S. Hwy. 1**
3.4 CITY-ST-ZIP **Ft. Pierce, FL 34982**

TITLE DELETE
NAME **V WILLBUR, ANN N.**
STREET ADDRESS **2716 SOUTH US HWY 1**
CITY-ST-ZIP **FT PIERCE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS **2716 South U.S. Hwy. 1**
4.4 CITY-ST-ZIP **Ft. Pierce, FL 34982**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

DATE

(407) 461-8870

Daytime Phone #

CR2E034 (12/95)