

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. 25. 29. **34954-1360** 30.

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	CB	<input type="checkbox"/> DELETE
NAME	WILLBUR, DAVID G.	
STREET ADDRESS	2716 SOUTH US HWY 1	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLBUR, DAVID G. JR.	
STREET ADDRESS	2716 SOUTH US HWY 1	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILLBUR, BERNICE B.	
STREET ADDRESS	2716 SOUTH US HWY 1	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLBUR, ANN N.	
STREET ADDRESS	2716 SOUTH US HWY 1	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2716 South U.S. Hwy. 1
1.4 CITY-ST-ZIP	Ft. Pierce, FL 34982-5919
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2716 South U.S. Hwy. 1
2.4 CITY-ST-ZIP	Ft. Pierce, FL 34982
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2716 South U.S. Hwy. 1
3.4 CITY-ST-ZIP	Ft. Pierce, FL 34982
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2716 South U.S. Hwy. 1
4.4 CITY-ST-ZIP	Ft. Pierce, FL 34982
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 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, not changed, or on an attachment with an address.

SIGNATURE:

David Willbur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

Date

(407) 461-8870

Daytime Phone #

CR2E034 (12/95)