

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

FILED

Mar 25 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 # 331114 (9)

1. Corporation Name
NAUGHTON INSURANCE SERVICES, INC.



Principal Place of Business
2700 UNIVERSITY BLVD. W
BLDG B
JACKSONVILLE FL 32217
US

Mailing Address
P. O. BOX 10287
JACKSONVILLE FL 32247-0287
US

3. Date Incorporated or Qualified 06/11/1968	3a. Date of Last Report 01/25/1996
4. FEI Number 59-1212470	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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAUGHTON, JAMES D., III
2700 UNIVERSITY BLVD W.
BLDG B
JACKSONVILLE FL 32217

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	PD	☐ DELETE
12.2 NAME	NAUGHTON, JAMES D., III	
12.3 STREET ADDRESS	1045 OAK VALE RD.	
12.4 CITY - ST - ZIP	JACKSONVILLE FL	
12.5 TITLE	EVP	☐ DELETE
12.6 NAME	DAVIS, JOHN	
12.7 STREET ADDRESS	716 NATURES HAMMOCK	
12.8 CITY - ST - ZIP	JACKSONVILLE FL	
12.9 TITLE	VP	☐ DELETE
12.10 NAME	NAUGHTON, DAVID	
12.11 STREET ADDRESS	2000 CHEROKEE DRIVE	
12.12 CITY - ST - ZIP	NEPTUNE BEACH FL	☐ DELETE
12.13 TITLE		
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY - ST - ZIP		
12.17 TITLE		☐ DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY - ST - ZIP		

13.1 TITLE		☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY - ST - ZIP		
13.5 TITLE		☐ Change ☐ Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY - ST - ZIP		
13.9 TITLE		☐ Change ☐ Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY - ST - ZIP		
13.13 TITLE		☐ Change ☐ Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 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.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Original Phone #

0038714

CR2E034 (9/96)