

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 392185 (5)
1. Corporation Name
PERRY F. KOON AGENCY, INC.



Principal Place of Business Mailing Address
212 E NOBLE AVE WILLISTON FL 32696

3. Date Incorporated or Qualified **12/10/1971** 3a. Date of Last Report **06/13/1995**
4. FEI Number **59-1373665** 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**SMITH, JOSEPH E.
617 PARK STREET
P.O. BOX 117
BRONSON FL 32621**

10. Name and Address of New Registered Agent
81 Name **HARRIETT K. Buchyn**
82 Street Address (P.O. Box Number is Not Acceptable) **212 E. Noble Ave**
83
84 City **Williston** FL 85 Zip Code **32696**

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 **Harriett K. Buchyn** **Harriett K. Buchyn** **7-24-96**
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	DC	<input type="checkbox"/> DELETE
NAME	KOON, JETTIE R.	
STREET ADDRESS	350 SW 7TH AVE	
CITY-ST-ZIP	WILLISTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOON, PERRY F. JR.	
STREET ADDRESS	624 SW 7TH AVE	
CITY-ST-ZIP	WILLISTON FL	
TITLE	VFD	<input type="checkbox"/> DELETE
NAME	KOON, PERRY F	
STREET ADDRESS	350 SW 7TH AVENUE	
CITY-ST-ZIP	WILLISTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCHYN, HARRIETT K.	
STREET ADDRESS	32 NW 2ND ST	
CITY-ST-ZIP	WILLISTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Secretary-Treasurer and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Perry F. Koon, Sr.	
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	350 S.W. 7th Ave.	
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: **Harriett K. Buchyn, Harriett K. Buchyn, Pres. Dir. 7-10-96** 904-528-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NO.

CR2E034 (3/96)