

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 440946 (2)

1. Corporation Name

COWAN-LEAVELL AGENCY, INC.



Principal Place of Business

6820 ST AUGUSTINE RD
JACKSONVILLE FL 32217
US

Mailing Address

6820 ST AUGUSTINE RD
JACKSONVILLE FL 32217
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEAVELL, MICHAEL T
6820 ST AUGUSTINE RD
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified

11/28/1973

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1495558

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

10. Name and Address of New Registered Agent

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

(Signature, typed or printed name of the registered agent and the legal address)

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VST
COWAN, EUGENE D
6820 ST AUGUSTINE RD
JACKSONVILLE, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

AS
LAMB, JANICE S.
6820 ST AUGUSTINE RD
JACKSONVILLE, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
LEAVELL, MICHAEL T
6820 ST AUGUSTINE RD
JACKSONVILLE, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V
CAIN, DAVID L
6820 ST. AUGUSTINE RD.
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V
LEAVELL, REBECCA L
6820 ST. AUGUSTINE RD.
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

(904)737-1988

CR2E034 (12/95)