

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 515966 (0)

1. Corporation Name

L. PECK CAWTHON, INSURANCE, INC.



Principal Place of Business

Mailing Address

11 N 8TH ST
P. O. BOX 628
DEFUNIAK SPRING FL 32433

11 N 8TH ST
P. O. BOX 628
DEFUNIAK SPRING FL 32433

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 30 S. 8th Street

22 City & State

27 Suite, Apt. #, etc.
28 DeFuniak Springs, Fl

23 Zip Country

29 32433 Country

9. Name and Address of Current Registered Agent

LEWIS PECK CAWTHON, JR.
RT 1 BOX 112
PONCE DE LEON 32455

3. Date Incorporated or Qualified

10/06/1976

3a. Date of Last Report

01/20/1995

4. FEI Number

59-1779601

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)

1068 Walton Bridge Road

83

84 City Ponce de Leon

FL

85 Zip Code 32455

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

Synthetic, typed or printed name of registered agent and title (if applicable)

(If Officer: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEWIS PECK CAWTHON JR.	
STREET ADDRESS	RT 1 BOX 112	
CITY - ST - ZIP	PONCE DE LEON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAWTHON, MARY SUE	
STREET ADDRESS	RT 6 BOX 680	
CITY - ST - ZIP	DEFUNIAK SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DINA B CAWTHON	
STREET ADDRESS	RT 1 BOX 112	
CITY - ST - ZIP	PONCE DE LEON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1068 Walton Bridge Road
1.4 CITY - ST - ZIP	DeFuniak Springs, Fl 32433
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	167 Peck Cawthon Road
2.4 CITY - ST - ZIP	DeFuniak Springs, Fl 32433
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1068 Walton Bridge Road
3.4 CITY - ST - ZIP	Defuniak Springs, Fl 32433
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis Peck Cawthon Jr

6/4/94 904-892-3184

Daytime Phone

CR2E034 (3/96)