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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

SBF AGENCY, INC.

531258

(2)

FILED Jan 26 1998 8:00am Secretary of State



Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

498 PALM SPRINGS DRIVE. SUITE 250 ALTAMONTE SPRINGS FL 32701

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

P.O. BOX 1638 MAIL CODE M0640 CHATTANOOGA TN 37401

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5 00 May Bo

423-757-3248

Not Applicable

3. Date Incorporated or Qualified 04/12/1977 4. FEI Number

59-1740127

5. Certificate of Status Desired

6 Election Campaign Financing

23				28	28				Trust Fund Contribution Added to Fees		
Zip	Country				Zip	Zip Cou			8. This corporation owes or has paid the current year Intangible	-	
24	25 29 30							Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent			
THO	DRPE, JAN	IET (C.				81	Name			
200 S. ORANGE AVENUE							82	82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801								0.,000			
							83				
							84	City	85 Zip Code		
									F1_ ·		
11. Pursuant t	o the provis	ions	of Sections 607.0502	and 6	07.1508, Florida Statu	tes, the	above	-named	corporation submits this statement for the purpose of changing its registered	đ	
agent. I ar	egistered aç n familiar w	jent, ith, a	or both, in the State of nd accept the obligation	ons o	da. Such change was f, Section 607.0505, F	autnoriz Iorida Si	ed by atutes	tne corp	corporation submits this statement for the purpose of changing its registere- poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE					if annihophia (NY)	YE. Doniete	end Agn	at cinantura	required when reinstating) DATE	_	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13.								in signatura i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD DELETE						1.1 TITLE VD XX Change				
NAME	PATTERSON, DENNIS M						NAME		DENNIS M. PATTERSON		
STREET ADORESS	AND DEADLEDER OF ME OUTE COO						STREET	ADDRESS	303 PEACHTREE ST., N.E., SUITE 960		
CITY - ST - ZIP	ATT ANTA OA 00000						CITY-S	T-ZIP	ATLANTA, GA 30308	CR2E034 (10/97)	
TITLE	PD				DELETE		TITLE		PCD Change XX Addition	<u>™</u> 5	
NAME	NASH,	RICH	iard a			2.2	NAME		MICHAEL A. KINSEY		
STREET ADDRESS	AND DELONGED OF ME OF ME AND						STREET	ADDRESS	303 PEACHTREE ST., NE, SUTIE 960		
CITY - ST - ZIP	atlanta ga						CITY-S	T-ZIP	ATTANTA, GA 30308		
TITLE	TS				DELETE	3.1	TITLE		☐ Change ☐ Addition	'n	
NAME	TATUM,					3.2	NAME				
STREET ADDRESS	736 MARKET ST, 12TH FLOOR					3.3	STREET	ADDRESS			
CITY-ST-ZIP	CHATTANOOGA TN 37402					3.4	. CITY-S	T-ZIP			
TITLE					DELETE	4,1	TITLE		Change Li Addition	חו	
NAME						4.7	NAME				
STREET ADDRESS						4.3	STREET	ADDRESS			
CITY-ST-ZIP						4,4	CITY-S	r-zip		_	
TITLE					L DELETE	5.1	TITLE		Change Addition	ın	
NAME						5.2	NAME			ŀ	
STREET ADDRESS						5.3	STREET	ADDRESS			
CITY-ST-ZIP						5.4	CITY-S	T-ZIP		_	
TITLE	·				☐ DELETE	6.1	TITLE		Change Addition	ın	
NAME						6.2	NAME	}			
STREET ADDRESS						6.3	STREET	ADDRESS			
CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·	6.4	CITY - S	r-ZiP	11. O. M. 110 OZ/OVA Placida Chandra I forther contif, that the information		
14. I hereby c	ertify that th on this anni	ie inf Jal re	ormation supplied with court or supplemental a	this annua	filing does not qualify al report is true and ac	for the e curate a	xempi ınd tha	tion stated at my sign	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	1	
officer or o	director of the	ne co	orporation or the receivened, or on an attach	er or	trustee empowered to with an address.	execut	e this i	report as	required by Chapter 607, Florida Statutes; and that my name appears in		