

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 590793 (6)

1. Corporation Name

ROLLYSON & VERNON INSURANCE, INC.



Principal Place of Business

206 N. COLLINS ST.
PLANT CITY FL 33566
US

Mailing Address

P. O. BOX 1536
PLANT CITY FL 33564-1536
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

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2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
10/17/1978

3a. Date of Last Report
05/01/1995

4. FET Number
59-1861094

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

9. Name and Address of Current Registered Agent

ROLLYSON JR, RAY H.
2407 KAREN DRIVE
PLANT CITY FL 33566

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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE

NAME
PD
ROLLYSON JR, RAY H
2407 KAREN DR.
PLANT CITY FL

12. STREET ADDRESS

13. CITY, ST, ZIP

14. TITLE

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