

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90191 006 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 605732</b>	
1. Entity Name <b>WAKULLA INSURANCE AGENCY, INC.</b>	

Principal Place of Business <b>7 HICKORY AVE CRAWFORDVILLE, FL 32327 US</b>	Mailing Address <b>PO BOX 400 153 OAK ST PO BOX 400 CRAWFORDVILLE, FL 32326 US 32327</b>
--	---

2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address <b>153 OAK ST</b>  <b>CRAWFORDVILLE FL</b>  City & State  Zip
--	---



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-1884752</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>BARBREE, JOSEPH ALTON 153 OAK ST CRAWFORDVILLE, FL 32326</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
--	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when resigning) DATE \_\_\_\_\_

FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARBREE, ELEANOR S 153 OAK ST CRAWFORDVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBREE, JOSEPH A 153 OAK ST CRAWFORDVILLE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eleanor S. Barbree 4-28-03 850-926-7055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ELEANOR S. BARBREE

CR2E034 (10/02)