

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:39

DOCUMENT # 623755 (6)

1. Corporation Name

JOHN VINCENT'S INSURANCE AGENCY, INC.

Principal Place of Business

5739 GALL BLVD.
ZEPHYRHILLS FL 33541

Mailing Address

5739 GALL BLVD.
ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/04/1979

3a. Date of Last Report
01/20/1994

FBI Number
59-1932191

Applied For
Not Applicable

2. Principal Place of Business

21. Same

2a. Mailing Address

26. P.O. Box 722

San Antonio, TX 78216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

VINCENT, JOHN ELMER
5739 GALL BLVD.
ZEPHYRHILLS FL 33541

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 of person or persons authorized to register agent and the corporation)

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PD
NAME	VINCENT, JOHN ELMER
STREET ADDRESS	5739 GALL BLVD.
CITY, ST, ZIP	ZEPHYRHILLS FL
2. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
3. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
4. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
5. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
6. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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 135.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John E. Vincent
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 12 - 95
Date

904-588 4034
Telephone Number