

**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 # **F75567 (0)**

1. Corporation Name

**FRANK HICKOX INSURANCE AGENCY, INC.**



Principal Place of Business

Mailing Address

4061 NW 43RD ST  
S-10  
GAINESVILLE FL 32606  
US

4061 NW 43RD ST  
S-10  
GAINESVILLE FL 32606  
US

3. Date Incorporated or Qualified **04/07/1982** 3a. Date of Last Report **03/07/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt #, etc.		Suite, Apt #, etc.		<b>59-2193433</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Country		Country			
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKOX, FRANK L.  
4061 NW 43RD ST  
S-10  
GAINESVILLE FL 32606

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, Title, and principal name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD HICKOX, FRANK L. 4061 NW 43RD ST STE 10 GAINESVILLE FL	<input type="checkbox"/> DELETE	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVD HICKOX, BETTY JO 4061 NW 43RD ST STE 10 GAINESVILLE FL	<input type="checkbox"/> DELETE	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2 2 NAME
CITY-STATE-ZIP			2 3 STREET ADDRESS
			2 4 CITY-STATE-ZIP
			3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			3 2 NAME
			3 3 STREET ADDRESS
			3 4 CITY-STATE-ZIP
			4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			4 2 NAME
			4 3 STREET ADDRESS
			4 4 CITY-STATE-ZIP
			5 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			5 2 NAME
			5 3 STREET ADDRESS
			5 4 CITY-STATE-ZIP
			6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
			6 2 NAME
			6 3 STREET ADDRESS
			6 4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank L. Hickox* 3-4-96 82 904-372-0444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)