

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90010 050 ***150.00

DOCUMENT # F75567

1. Entity Name
FRANK HICKOX INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address
4061 NW 43RD ST 4061 NW 43RD ST
S-10 S-10
GAINESVILLE, FL 32606 US GAINESVILLE, FL 32606 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01102008 Chg-P CR2E034 (12/06)

City & State City & State 4. FEI Number Applied For
59-2193433 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
HICKOX, FRANK L. Name
4061 NW 43RD ST Street Address (P.O. Box Number is Not Acceptable)
S-10
GAINESVILLE, FL 32606 City **FL** 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 *Frank L. Hickox* DATE 1-04-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$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	PTD HICKOX, FRANK L. 4061 NW 43RD ST STE 10 GAINESVILLE, 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	SVD HICKOX, BETTY JO 4061 NW 43RD ST STE 10 GAINESVILLE, 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 exemptions contained in Chapter 119, 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: *Frank L. Hickox* DATE 1-04-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

ATTACHMENT

40008725
F75567

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Business Entity Name FRANK HICKOX INSURANCE AGENCY, INC.

FEI Number 59 - 2193433

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 4061 NW 43RD ST (PO Box not acceptable)

Suite, Apt. #, etc. S-10

City, State GAINESVILLE FL

Zip Code & Country 32606 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

Mailing address same as principal address

Address 4061 NW 43RD ST

Suite, Apt. #, etc. S-10

City, State GAINESVILLE FL

Zip Code & Country 32606 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA HICKOX, FRANK L.

ATTACHMENT #

40008725

F75567

(PO Box not acceptable)

Street Address In Florida 4061 NW 43RD ST

Suite, Apt. #, etc. S-10

City, State GAINESVILLE , FL

Zip Code & Country 32606 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title PTD

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director HICKOX, FRANK L.

Street Address 4061 NW 43RD ST STE 10

City, State GAINESVILLE , FL

Zip Code & Country

Name And Address #2

Title SVD

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director HICKOX, BETTY JO

Street Address 4061 NW 43RD ST STE 10

City, State GAINESVILLE , FL

Zip Code & Country 32606

Name And Address #3

Title

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F75567

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

pres.

Officer/Director Signature

Fuse R Z Nick

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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