FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:39

DOCUMENT # **F93000005532 (7)**

1. Corporation Name

W.J. PLEMONS INSURANCE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 399 LOCUST GROVE GA 30248	P.O. BOX 399 LOCUST GROVE GA 30248

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/06/1993**

3a. Date of Last Report: **08/12/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **58-1510931** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25 Zip — 29 Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

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 _____ DATE

Signature, typed or printed 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	PD	11 TITLE	Chairman	☒ Change ☐ Addition
NAME	PLEMONS, W J	12 NAME		
STREET ADDRESS	38 CLEVELAND ST.	13 STREET ADDRESS		
CITY ST ZIP	LOCUST GROVE GA 30248	14 CITY ST ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	SPEAR, ELZIE D III	22 NAME		
STREET ADDRESS	38 CLEVELAND ST.	23 STREET ADDRESS		
CITY ST ZIP	LOCUST GROVE GA 30284	24 CITY ST ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	CAWTHON, TAMMY	32 NAME		
STREET ADDRESS	38 CLEVELAND ST.	33 STREET ADDRESS		
CITY ST ZIP	LOCUST GROVE GA	34 CITY ST ZIP		
TITLE		41 TITLE	President	☐ Change ☒ Addition
NAME		42 NAME	David G. Lee	
STREET ADDRESS		43 STREET ADDRESS	38 Cleveland St.	
CITY ST ZIP		44 CITY ST ZIP	Locust Grove, GA 30248	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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: Tammy Cawthon 5/24/95 404-957-2618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478344 FP