

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90131 002 \*\*\*150.00

DOCUMENT # **F97000003570**

1. Corporation Name

**COBURN INSURANCE AGENCY, INC.**



Principal Place of Business

Mailing Address

PO BOX 1000  
COLCHESTER VT 05446-000  
US

PO BOX 1000  
COLCHESTER VT 05446-000  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/09/1997**

4. FEI Number

**03-0259724**

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**WILSON, ROBERT  
100 MADRID BLVD. STE 214  
PUNTA GORDA FL 33950**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDPT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBURN, THOMAS R		1.2 NAME	
STREET ADDRESS	658 BAMBOO COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145		1.4 CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGHT, WILLIAM S		2.2 NAME	
STREET ADDRESS	KIBBE POINT RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	S HERO VT 05486		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVLIN, LESTER D		3.2 NAME	
STREET ADDRESS	MAQUAM SHORE RTE 36		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST ALBANS VT 05478		3.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARNELL, DAVID M		4.2 NAME	
STREET ADDRESS	TWO NORTH MAIN ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST ALBANS VT 05478		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-2-99 82654-4500**

CR2E034 (1/98)