

03111999-90075-037-\$150.00-\$150.00

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90075 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # F98000001003

1. Corporation Name
AGENCY WON OF DAYTONA, INC.

Principal Place of Business
**301 DUNLAWTON AVE. SUITE A
PORT ORANGE FL 32127**

Mailing Address
**301 DUNLAWTON AVE. SUITE A
PORT ORANGE FL 32127**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Name and Address of Current Registered Agent
**BUDD, TINA
301 DUNLAWTON AVE, SUITE A
PORT ORANGE FL 32127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/23/1998

4. FEI Number
56-2055932

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Trust Fund Contribution ☐

8. This corporation owes the current year intangible Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.6502 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	SISSON, LUCINDA A	1.2 NAME	
STREET ADDRESS	152 SUNRISE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOORESVILLE NC 28115	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	PORTER, KENNETH C	2.2 NAME	
STREET ADDRESS	5801 EXECUTIVE CENTER DR, SUITE 120	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28212	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 included 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] **FL: CMH** **2-23-99** **704-563-0706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #