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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H36456

(2)

VAUGHN INSURANCE AGENCY, INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			I INDIENI AMBERINIA BENIN AMBER ANAMA	i Arter Ateri Aifis bisit Arter Sibil ifft	
1348 TIMBERLANE RD.		1348 TIMBERLANE RD.	1348 TIMBERI ANE RD		
P.O.BOX 12759		P.O.BOX 12759 TALLAHASSEE FL 32317-2759			
TALLAHASSEE FL 32317				DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualified	
4.51				01/03/1985	
·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2472717	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Sta	to	City & State			Fee Required
23		├ ──		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29 3	·	8. This corporation owes or has paid Personal Property Tax due June 3	
24	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Reg	
VAUGHN, ROD 81 Name					
1240 TMIDEDI AME DO					
TALLAHASSEE FL 32312			62 Street Addr	ess (P.O. Box Number is Not Acceptable	9)
•	ALLAIMOOLE PE 32312		83		
•					
			84 City		FL 85 Zip Code
11 Digresioni	to the provisions of Sections 607 OF	02 and 607 1608 Florida Statutos	the shows named core	continuo submite this statement for the sur	
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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or prelied name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	DP	DELETE	1.1 TOTLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	VAUGHN, ROD		1.2 NAME		
STREET ADORESS	1348 TIMBERLANE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	DST	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	VAUGHN, VIRGINIA		2.2 NAME		Crainge Position
STREET ADDRESS	1348 TIMBERLANE RD.				
	TALLAHASSEE FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	DVP	DELETE	2. 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME	VAUGHN, KEVIN	_ beere	3.2 NAME		L Change L Abouton
STREET ADDRESS	1348 TIMBERLANE RD.				
	TALLAHASSEE FL		3.3 STREET ADDRESS		i
DITY-ST-ZIP TITLE	TALLATINGGEE TE	DELETE	34 CITY-ST-ZIP		Change Addition
NAME			4.1 TITLE		Change Addition
			4. 2 NAME		
STREET ADDRESS	į.		43 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	4.4 DITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	 	Driete	5.4 CiTY-ST-ZiP		Discours
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST ZIP	costife that the inference of	off this files when	6.4 CITY - ST - ZIP	Partico 110 07(2)(i) Elarida Statutas 1 6	

indicated on this annual report or supplied with this tiling does not quality 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.

1/09/98

850-668-1700