Jun 09, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H36456**

1. Corporation Name

VAUGHN INSURANCE AGENCY, INC.

| Principal Place | e of Business | Mailing Address | | | | , , , | | | - | |
|---|--|----------------------------------|---|--|--|--|-------------------------|-----------------|----------------------|-------------------------------------|
| 1348 TIMBERLANE RD. | | 1348 TIMBERLANE RD. | | | | | | | | |
| P.O.BOX 12759 | | P.O.BOX 12759 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| TALLAHASSEE FL 32317 | | TALLAHASSEE FL 32317-2759 US | | | | 3. Date Incorporated or Qualifed | | | | |
| | | 03 | | | | 01/03/1985 | or Qualified | | | |
| 9 5 | han of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Applied | d For |
| 2. Principal Place of Business | | — | | | | 59-2472717 Not Applie | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 35 24 121 11 | | \$8. | 7 5 Addi | | |
| ⊢ ' ' ' | #, etc. | · · | | | | Certificate of Status | Desired | | e Requir | |
| 22 | | City & State | | | | 6. Election Campaign | Financina | | .00 Ma | |
| City & State | | 28 | | | - Trust Fund Contrib | | , | ded to Fe | • | |
| 23 - | Country | Zip | Cal | untry | | 8. This corporation ov | | | | |
| Zip | | | , | | Personal Property | | year imangible ☐ Yes | | No (| |
| 24 | 9. Name and Address of Curre | | 30 | т | | 10. Name and Addres | | | | |
| | 9. Name and Address of Cure | ant registered Agent | | 81 | Name | TO. Maine and years | <u></u> | • | | |
| VALI | GHN, ROD | | | | | | | | | |
| 1348 TIMBERLANE RD. | | | | 82 | Street A | Address (P.O. Box Number is I | Not Acceptable) | | | |
| | AHASSEE FL 32312 | | | 83 | | | | | | |
| IALL | ATTAGGEET E GEGTE | | | 83 | | | | | | |
| | | | | 84 | City | | | FI 85 | Zip Cod | le |
| 44 - Donos est | to the provisions of Sections 607.05 | 502 and 607 1509 Florida Status | tes the s | above. | named a | corporation submits this staten | nent for the pure | oose of changin | na its rea | istered |
| office or fi | egistered agent, or both, in the State | e of Florida. Such change was a | autnorize | ea by ti | he corpo | ration's board of directors. I he | ereby accept the | e appointment a | as registe | ered |
| agent. I a | m familiar with, and accept the oblig | ations of, Section 607.0505, Flo | orida Stai | tutes. | | | | | | |
| SIGNATURE | | | _ | | | | | DATE | | — ¦ |
| | | | C. Oi-1 | d Agent | | | | | | |
| | Signature, typed or printed name of registered ag | | | | signature re | equired when reinstating) ADDITIONS/CHANC | | | CTORS | IN 12 |
| 12. | OFFICERS A | AND DIRECTORS | 13. | • | signature re | ADDITIONS/CHANG | | ERS AND DIRE | | IN 12 ☐ Addition |
| 12. | OFFICERS A | | 13. | TITLE | signature re | | | | | |
| 12. TITLE NAME | OFFICERS A DP VAUGHN, ROD | AND DIRECTORS | 13. 1.1 T 1.2 N | TITLE NAME | | ADDITIONS/CHANG | | ERS AND DIRE | | |
| 12. TITLE NAME STREET ADDRESS | OFFICERS A DP VAUGHN, ROD 1348 TIMBERLANE RD. | AND DIRECTORS | 13. 1.1 T 1.2 N 1.3 S | TITLE NAME | ADDRESS | ADDITIONS/CHANG | | ERS AND DIRE | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS A DP VAUGHN, ROD 1348 TIMBERLANE RD. TALLAHASSEE FL | ND DIRECTORS | 13. 1.1 T 1.2 N 1.3 S 1.4 C | ITLE NAME STREET A | ADDRESS | ADDITIONS/CHANG | | ERS AND DIRE | ange [| ☐ Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS A DP VAUGHN, ROD 1348 TIMBERLANE RD. TALLAHASSEE FL DST | AND DIRECTORS | 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T | TITLE NAME STREET A CITY-ST- | ADDRESS | ADDITIONS/CHANG | | ERS AND DIRE | ange [| |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS A DP VAUGHN, ROD 1348 TIMBERLANE RD. TALLAHASSEE FL DST VAUGHN, VIRGINIA | ND DIRECTORS | 13. 1.1.T 1.2.N 1.3.S 1.4.C 2.1.T 2.2.N | TITLE NAME STREET A CITY-ST- | ADDRESS - ZIP | ADDITIONS/CHANG | | ERS AND DIRE | ange [| ☐ Addition |
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SIGNATURE:

6,4 CITY-ST-ZIP

14. 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 of 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 chapted, or on an attachment with all address, with all other like empowered.