FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H45078** **(3)**

1. Corporation Name

BILL BAILEY INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
~~% ARNOLD H. SLOTT~~ ~~334 E. DUVAL ST.~~ ~~JACKSONVILLE FL 32202~~	~~% ARNOLD H. SLOTT~~ ~~334 E. DUVAL ST.~~ ~~JACKSONVILLE FL 32202~~

3. Date Incorporated or Qualified: 03/01/1985

3a. Date of Last Report: 03/29/1995

4. FEI Number: 59-2504156 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6136 Atlantic Boulevard	26 same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville, Florida	28 City & State
24 Zip: 32211 25 Country: Duval	29 Zip 30 Country

9. Name and Address of Current Registered Agent

~~SLOTT, ARNOLD H.~~
~~334 E. DUVAL ST.~~
~~JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent

81 Name: FRED L. AHERN, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 2215 South Third Street, Ste. 101
83
84 City: Jacksonville Beach FL 85 Zip Code: 32250

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] 2/21/96
(Signature, Type or Print Name of Registered Agent and Title, if applicable) (NOTE: Registered Agent Signature is required by law.) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, WILLIAM L.		1.2 NAME	
STREET ADDRESS	6136 ATLANTIC BOULEVARD		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211		1.4 CITY-ST-ZIP	
TITLE	D S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, SUSAN		2.2 NAME	
STREET ADDRESS	6136 ATLANTIC BOULEVARD		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: [signature] William L Bailey, Pres 2/20/96 904/725-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #