

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 9:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # H64739 (6)**

1. Corporation Name

**A.A. CARNES INSURANCE AGENCY, INC.**

Principal Place of Business

**1399 W. HIGHWAY 434  
LONGWOOD FL 32750**

Mailing Address

**1399 W. HIGHWAY 434  
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/02/1985**

3a. Date of Last Report

**08/09/1994**

4. FEI Number

**59-2108761**

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

**21 382 W. State Road 434**

2a. Mailing Address

**26 382 W. State Road 434**

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

**23 Longwood FL**

City & State

**28 Longwood FL**

Zip

**24 32750**

Country

**25 Seminole**

Zip

**29 32750**

Country

**30 Seminole**

9. Name and Address of Current Registered Agent

**CARNES, BARRY L.  
1399 W. HIGHWAY 434  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

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 of current registered agent and their corporation

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | PD                  |
| NAME           | CARNES, BARRY L.    |
| STREET ADDRESS | 1399 W. HIGHWAY 434 |
| CITY, ST, ZIP  | LONGWOOD FL         |
| TITLE          | SD                  |
| NAME           | CARNES, MARY J.     |
| STREET ADDRESS | 1399 W. HIGHWAY 434 |
| CITY, ST, ZIP  | LONGWOOD FL         |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 1. TITLE           | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            | Carnes, Barry L       |                                                                              |
| 3. STREET ADDRESS  | 382 W. State Road 434 |                                                                              |
| 4. CITY, ST, ZIP   | Longwood, FL 32750    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE           | SD                    |                                                                              |
| 6. NAME            | Carnes, Mary J        |                                                                              |
| 7. STREET ADDRESS  | 382 W. State Road 434 |                                                                              |
| 8. CITY, ST, ZIP   | Longwood FL 32750     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 9. TITLE           |                       |                                                                              |
| 10. NAME           |                       |                                                                              |
| 11. STREET ADDRESS |                       |                                                                              |
| 12. CITY, ST, ZIP  |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 13. TITLE          |                       |                                                                              |
| 14. NAME           |                       |                                                                              |
| 15. STREET ADDRESS |                       |                                                                              |
| 16. CITY, ST, ZIP  |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 17. TITLE          |                       |                                                                              |
| 18. NAME           |                       |                                                                              |
| 19. STREET ADDRESS |                       |                                                                              |
| 20. CITY, ST, ZIP  |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 110.07(2)(b), 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/95 (407) 332-1234**