

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 12 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H70011 (2)
1. Corporation Name
A FLORIDA INSURANCE AGENCY OF NORTH FLORIDA, INC

Principal Place of Business Mailing Address
% SYLVIA ELAINE ELLIOTT
430 BRYN ATHYN
MARY ESTHER FL 32569
% SYLVIA ELAINE ELLIOTT
430 BRYN ATHYN
MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 P.O. Box 991
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 Niceville, FL
24 Zip 25 Country 29 32588 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
08/07/1985 05/17/1994
4. FEI Number Applied For
59-2612312 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELLIOTT, SYLVIA ELAINE
430 BRYN ATHYN
MARY ESTHER FL 32569

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: typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ELLIOTT, ROGER HUGHES	12 NAME	
STREET ADDRESS	719 ST ROSE COVE	13 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ELLIOTT, SYLVIA ELAINE	22 NAME	
STREET ADDRESS	719 ST ROSE COVE	23 STREET ADDRESS	
CITY - ST - ZIP	NICEVILLE FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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-05/17/95 --01034 --025
*****225.00 *****225.00

5/12/95 Mst

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-95

904-897-3856