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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

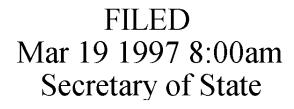
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J59084

(0)

LEE C. MCGRIFF AND MACK WILLIAMS INSURANCE AGENC Y. INC.



Y, INC.				
Principal Place of Business	Mailing Address			II BIRIK BIBII BIBII BIBII BIBII BIBII ISBI
3501-A W UNIVERSITY AVE. GAINESVILLE FL 32007	3501-A W UNIVERSITY A GAINESVILLE FL 32607-			
			3. Date Incorporated or Qualified 02/23/1987	3a. Date of East Report 02/07/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	<b>26</b>		59-2770945	Not Applicable  \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country		Country	Trust Fund Contribution	Added to Fees
24 25	29	30	This corporation has liability for Florida Statutes	inlangible tax under s. 199.032,
	Current Registered Agent		10. Name and Address of New Re	
WILLIAMS, MACK		81 Name		
3501-A W. UNIVERSITY AVE.		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
GAINESVILLE FL 32607		83		- <del></del>
		84 City		FL 85 Zip Code
agent. I am familiar with, and accept the SIGNATURE Signature, typed or profit of rational ring.	the obligations of Section 607.0505, February and the displacement of the displacement	Torida Statutes. D1: Registered Agent signature requi	*	DATE
	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME MCGRIFF, LEE C.	☐ DEFETE	1.1 TIRE		Change Addition
STREET ADDRESS 3501-A W UNIVERSITY	AVE	1.2 NAME 1.3 STHEET ADDRESS		
CITY-ST-ZIP GAINESVILLE FL	THE.	1.4 CI?Y-S1-7IF		
TITLE S	DELETE	21 101		Change Addition
NAME WILLIAMS, MACK		2.2 NAME		
STREET ADDRESS 3501-A W UNIVERSITY	AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP GAINESVILLE FL		2. 4 Cr1Y-S1 - ZiF		
TITLE	☐ DECETE	3.1 TITLE		Change Addition
NAME OTRETT ADDRESS		3.2 NAM(		
STREET ADDRESS  CITY-ST-ZIP		3.3 STREET ADDRESS		
TITLE	DESTITE	3.4 CHY+SI+ZIP 4.1 TILE		Change Addition
NAME	Married Committee Committe	4. 2 NAME		E Prisingo E Modificit
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - 7IP		
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 111LF		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		63 STHEFT ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - Z/P		

14. Loo 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 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 guran attachment with an address.

CICMATURE.

. C. Me Link

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