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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE ***200.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J68150 (8)**

1. Corporation Name
~~GRIER, JAGER & CARLOCK, INC.~~
Carlock & Associates Insurance Inc.

Principal Place of Business Mailing Address

4827 CORONADO PKWY
CAPE CORAL FL 33904
US

48267 CORONADO PKWY
CAPE CORAL FL 33904
US

2. Principal Place of Business 2a. Mailing Address

21 26 *P O Box 788*

22 Suite Apt # etc 27 Suite Apt # etc

23 City & State 28 *Cape Coral*

24 25 29 *33910* 30 *Lee*

3. Date Incorporated or Qualified 3a. Date of Last Report

03/27/1987 06/22/1994

4. FEI Number Applied For

59-2782754 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

7. This corporation has authority for interstate tax under § 199(3)(2), Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CARLOCK, RONALD C
4827 CORONADO PKWY
CAPE CORAL FL 33904

81 Name

82 Street Address (P O Box Number is Not Acceptable)

83

84 City

85 Zip Code

10. Name and Address of New Registered Agent

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOCK, SANDRA	12 NAME	
STREET ADDRESS	231 HILLSIDE DR	13 STREET ADDRESS	
CITY, ST, ZIP	KEWAGER IL	14 CITY, ST, ZIP	
TITLE	VPTD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOCK, RONALD C	22 NAME	
STREET ADDRESS	4808 PELICAN BLVD	23 STREET ADDRESS	
CITY, ST, ZIP	CAPE CORAL FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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(3)(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 orally with me. I am an officer or director of the corporation or the person 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 checked, or on an attachment with an asterisk.

SIGNATURE: *Ronald Carlock* *Ronald Carlock* 4/28/95 813 549 024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #