

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:21

DOCUMENT # **J77895** (7)

1. Corporation Name  
**SALLY P. CHAMBERS INSURANCE AGENCY, INC.**

Principal Place of Business      Mailing Address  
**% SALLY P. CHAMBERS**      **% SALLY P. CHAMBERS**  
**700 N. WICKHAM RD. STE 109**      **700 N. WICKHAM RD. STE 109**  
**MELBOURNE FL 32935**      **MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/01/1987**      **01/20/1994**

4. FEI Number      Applied For  
**59-2823265**       Not Applicable

5. Certificate of Status Desired      \$6.75 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      26

22      27

23      28

24      25      29      30

9. Name and Address of Current Registered Agent

**CHAMBERS, SALLY P.**  
**700 N. WICKHAM RD**  
**SUITE 109**  
**MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City      85 Zip Code

**FL**

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 title of agent when applicable      (DATE) Appointed Agent register required when one existing      (DATE)

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------|---|---|
| TITLE                      | PS                 | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHAMBERS, SALLY P. | 12 NAME   |   |
| STREET ADDRESS             | 4130 MUSTANG RD    | 13 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | MELBOURNE FL       | 14 CITY, ST, ZIP                                      |   |
| TITLE                      | T                  | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHAMBERS, JERRY W. | 22 NAME   |   |
| STREET ADDRESS             | 4130 MUSTANG RD    | 23 STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | MELBOURNE 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, I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.01(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 such officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE: *Sally P Chambers*      **SALLY P. CHAMBERS, PRES**      1/6/95      407-259-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (DATE)      (TELEPHONE NUMBER)