

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

**APPROVED  
AND  
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**95 MAY -1 PM 2:44**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1994**



FLORIDA DEPARTMENT OF STATE  
Jim Evers  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name: **ANCHOR INSURANCE & MANAGEMENT, INC.**

DOCUMENT # **K04694** ✓ (1)

Mailing Address: **6910 ATLANTIC BOULEVARD JACKSONVILLE FL 32211**

Principal Place of Business: **6910 ATLANTIC BOULEVARD JACKSONVILLE FL 32211**

2. Mailing Address: **21**

2a. Principal Place of Business: **26**

Suite, Apt. #, etc: **22**

City & State: **23**

Zip: **24** Country: **25**

Suite, Apt. #, etc: **27**

City & State: **28**

Zip: **29** Country: **30**

**300001480653**  
-05/09/95--01079--008  
\*\*\*\*200.00 \*\*\*\*200.00  
DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **12/01/1987**

3a. Date of Last Report: **-07/20/1993 10/5/94**

4. FEI Number: **59-2874081**

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. Nonprofit Exempt from \$138.75 Supplemental Fee:

8. This corporation has liability for intangible tax under S 199.032:  Yes  No

9. Name and Address of Current Registered Agent

**LEE, CHRISTOPHER M.**  
**6910 ATLANTIC BLVD.**  
**JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

**B1 Name: Michelle Blankenship**

**B2 Street Address (P.O. Box Number is Not Acceptable): 6910 Atlantic Blvd.**

**B3**

**B4 City: Jacksonville, FL B5 Zip Code: 32211**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Michelle K. Blankenship DATE: **4-26-95**

12. OFFICERS AND DIRECTORS

11 TITLE	<del>P/D</del>
12 NAME	<del>LEE</del> MICHELLE E.
13 STREET ADDRESS	<del>6910 ATLANTIC BLVD.</del>
14 CITY ST ZIP	<del>JACKSONVILLE FL</del>
21 TITLE	T/S
22 NAME	ASPINWALL TINA L.
23 STREET ADDRESS	6910 ATLANTIC BLVD.
24 CITY ST ZIP	JACKSONVILLE FL
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D
12 NAME	Michelle Blankenship
13 STREET ADDRESS	6910 atlantic Blvd.
14 CITY ST ZIP	Jacksonville, FL 32211
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
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 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is a true and accurate and that my signature shall have the same legal effect as if made under oath, that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michelle K. Blankenship **Michelle Blankenship 4-26-95 (904)7241022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR