

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K47593** (4)

1. Corporation Name

**NORTH FLORIDA INSURANCE, INC.**



Principal Place of Business

6554 103RD ST  
JACKSONVILLE FL 32210  
US

Mailing Address

6551 103RD ST  
JACKSONVILLE FL 32210  
US

3. Date Incorporated or Qualified  
**11/29/1988**

3a. Date of Last Report  
**07/13/1995**

2. Principal Place of Business

2a. Mailing Address

4. FCI Number  
**59-2922328**

Applied For  
Not Applicable

21. State, Apt. #, etc.

26. **6554 103 Rd St**  
Subj. Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22. City & State

27. City & State  
**JACKSONVILLE FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

23. Zip

25. County

28. Zip Country  
**32210 DUVAL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, WALTER L  
6554 103RD ST  
JACKSONVILLE FL 32210**

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 607.0402 and 607.1502, 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 607.0402, Florida Statutes.

SIGNATURE

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.2 NAME	<b>JONES, WALTER L.</b>	
12.3 STREET ADDRESS	<b>736 FRUIT COVE FOREST RD</b>	
12.4 CITY, ST, ZIP	<b>JACKSONVILLE FL</b>	
12.5 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.6 NAME	<b>JONES, JUDITH A.</b>	
12.7 STREET ADDRESS	<b>736 FRUIT COVE FOREST RD</b>	
12.8 CITY, ST, ZIP	<b>JACKSONVILLE FL</b>	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST, ZIP		

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 on an attachment with an address.

SIGNATURE: *Walter L Jones* **WALTER L JONES** 2/19/96 9047726542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exp

Expiry Date

CR2E034 (12/95)