

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 # **K58601** (1)

1. Corporation Name

**DEERWOOD INSURANCE AGENCY, INC.**



Principal Place of Business

Mailing Address

% JOE T. LUMPKIN  
8301 FAIRBANKS RD.  
JACKSONVILLE FL 32223

% JOE T. LUMPKIN  
3301 FAIRBANKS RD.  
JACKSONVILLE FL 32223

3. Date incorporated or Qualified  
**01/12/1989**

3a. Date of Last Report  
**04/13/1995**

4. FEI Number

**59-2923858**

Applied For

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

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 **4001 LORETTO ROAD**

26 **4001 LORETTO ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **JACKSONVILLE FL**

City & State

28 **JACKSONVILLE, FL**

Zip

24 **32223**

Country

25 **FL**

Zip

29 **32223**

Country

30 **FL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMPSEY, DIANA M  
3801 FAIRBANKS RD.  
JACKSONVILLE FL 32223

81

Name **DIANA M. Dempsey**

82

Street Address (P.O. Box Number is Not Acceptable)  
**4001 LORETTO ROAD**

83

84

City **JACKSONVILLE**

FL

85

Zip Code **32223**

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 **DIANA M. Dempsey**

*[Signature]*

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE  
NAME **DEMPSEY, DIANA M.**  
STREET ADDRESS **3801 FAIRBANKS RD.**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **STD** ☐ DELETE  
NAME **LUMPKIN, MARY M.**  
STREET ADDRESS **3301 FAIRBANKS RD.**  
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
**MARY M. LUMPKIN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **DIANA M. Dempsey**  
1.3 STREET ADDRESS **4001 LORETTO ROAD**  
1.4 CITY - ST - ZIP **JACKSONVILLE, FL 32223**

2.1 TITLE **STD** ☒ Change ☐ Addition  
2.2 NAME **MARY M. Lumpkin**  
2.3 STREET ADDRESS **4001 LORETTO ROAD**  
2.4 CITY - ST - ZIP **JACKSONVILLE**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

**04-12-96**

Date

**(904)260-2916**

Office Phone #

CR2E034 (12/95)