

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 # K78096

1. Corporation Name

TONY C. DAVENPORT INSURANCE AGENCY, INC.



Principal Place of Business

1919 TRAVIS ROAD
P.O. BOX 17-6771
W. PALM BEACH FL 33406
US

Mailing Address

P O BOX 16771
P.O. BOX 17-6771
W. PALM BEACH FL 33416
US

3. Date Incorporated or Qualified
04/06/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0120883

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

9. Name and Address of Current Registered Agent

DAVENPORT, TONY C
~~1919 TRAVIS ROAD~~
W. PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name

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

17258 121st TERRACE

83

84 City

JUPITER

FL

85 Zip Code
33478

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 the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D

DAVENPORT, TONY C.

1919 TRAVIS ROAD

W. PALM BEACH FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

17258 121st Terrace

JUPITER, FL

Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

Change Addition

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 chairman, or on an attachment with an address.

4-29-96

407-683-8383

CR2E034 (12/95)