

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L36719 (7)

1. Corporation Name

MOODY & ASSOCIATES INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

% O. LEON MOODY
27435 HIGHWAY 54 WEST
WESLEY CHAPEL FL 33543

6125 ELLERBE RD
WESLEY CHAPEL FL 33544

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

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City & State

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Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

MOODY, O. LEON
27435 HIGHWAY 54 WEST
WESLEY CHAPEL FL 33543

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

12/14/1989

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2983304

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0802 and 607.1503, 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 607.0803, Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Agent or Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PV

☐ DELETE

NAME

MOODY, O. LEON
6125 ELLERBE ROAD
WESLEY CHAPEL FL

CITY, ST, ZIP

TITLE

TS

☐ DELETE

NAME

SCHILKE, JOAN J.
26301 EASY ST
WESLEY CHAPEL FL

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

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☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE:

(Signature of Officer or Director)
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

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