
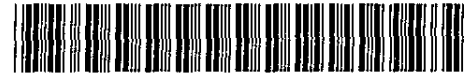


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000000558 1. Entity Name FLORIDA INSURANCE CONSULTANTS OF MONTICELLO, INC.					
Principal Place of Business 510 N SUNSET DRIVE MONTICELLO FL 32344			Mailing Address 510 N SUNSET DRIVE MONTICELLO FL 32344		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOLSOM, THOMAS L JR 510 N SUNSET DRIVE MONTICELLO FL 32344				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLSOM, THOMAS L JR		NAME		
STREET ADDRESS	510 N SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLSOM, JEAN K		NAME		
STREET ADDRESS	510 N SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLSOM, THOMAS L III		NAME		
STREET ADDRESS	2943 GLEN IVES DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, TAMARA		NAME		
STREET ADDRESS	1512 COPPERFIELD CIR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Thomas L Folsom Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1/21/03</i> Daytime Phone # <i>850-997-0152</i>		



MOORE CR2E034 (11/03)

4. FEI Number **59-3615938** Applied For ☐ Not Applied ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete	NAME	FOLSOM, THOMAS L JR	STREET ADDRESS	510 N SUNSET DRIVE	CITY-ST-ZIP	MONTICELLO FL 32344
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	D <input type="checkbox"/> Delete	NAME	FOLSOM, JEAN K	STREET ADDRESS	510 N SUNSET DRIVE	CITY-ST-ZIP	MONTICELLO FL 32344
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TITLE	D <input type="checkbox"/> Delete	NAME	FOLSOM, THOMAS L III	STREET ADDRESS	2943 GLEN IVES DRIVE	CITY-ST-ZIP	TALLAHASSEE FL 32312
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TITLE	D <input type="checkbox"/> Delete	NAME	SMITH, TAMARA	STREET ADDRESS	1512 COPPERFIELD CIR	CITY-ST-ZIP	TALLAHASSEE FL 32312
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TITLE	D <input type="checkbox"/> Delete	NAME	FOLSOM, THOMAS L III	STREET ADDRESS	2943 GLEN IVES DRIVE	CITY-ST-ZIP	TALLAHASSEE FL 32312
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SIGNATURE: *Thomas L Folsom Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/21/03* Daytime Phone # *850-997-0152*