

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90014 027 ***150.00

DOCUMENT # P00000029860

1. Entity Name

DESTIN BANCSHARES INSURANCE AGENCY, INC.



Principal Place of Business

**2000 NINETY-EIGHT PALMS BLVD
DESTIN FL 32541**

Mailing Address

**PO BOX 248
DESTIN FL 32540**

54038674



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3642684**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURGE, FRANK
125 MAIN STREET
DESTIN FL 32541**

Name **BURGE, FRANK**

Street Address (P.O. Box Number is Not Acceptable)
2000 NINETY-EIGHT PALMS BLVD

City **DESTIN**

FL

Zip Code
32541

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

Frank Burge

FRANK BURGE

4/20/04

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	P	<input type="checkbox"/> Delete
NAME	BURGE, FRANK	
STREET ADDRESS	522 WALTON WAY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, FREDDY	
STREET ADDRESS	10 DANBERRY COURT	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, DEWEY C JR	
STREET ADDRESS	9563 HWY 83	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLAY, RONNY A	
STREET ADDRESS	705 GULF SHORE DR #104	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, THELBERT	
STREET ADDRESS	526 BAYVIEW STREET	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIGGS, STEPHEN C	
STREET ADDRESS	8 SHADY LANE DRIVE	
CITY-ST-ZIP	MARY ESTHER FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGAN, KEVIN	
STREET ADDRESS	1522 MACK BAYOU RD	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Frank Burge

FRANK BURGE

4/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

attachment

54038674

P00000029860

11. Cont'd

ADD:

D

ARTHUR, JAMES M. MD
ONE MERCY LANE SUITE 502
HOT SPRINGS, ARKANSAS 71913

D

RIGDON, CHARLES
232 MATTIE'S WAY
DESTIN, FL 32541