## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000010234 (2)

CAROLYN TUCKER INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

## **FILED** May 06 1998 8:00am Secretary of State



913 BIG TREE ROAD SOUTH DAYTONA FL 32119		913 BIG TREE ROAD SOUTH DAYTONA FL	913 BIG TREE ROAD SOUTH DAYTONA FL 32119				
					3. Date Incorporated or Qualified	N THIS SPACE	
					12/04/1992		
	lace of Business	2a. Mailing Address			4, FEI Number	A	oplied For
21		26			59-3155679	No.	ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27			9. Certificate of States Desired	Fee Re	equired
City & State		City & State			8. Election Campaign Financing	\$5.00	May Be
23		28	28		Trust Fund Contribution Added to Fees		to Fees
Zip	Country	Zip	Countr	/	8. This corporation owes or has paid	the current year In	tangible
24	25 29 30		30	Personal Property Tax due June 30. Yes No			] No
	g, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Regi	stered Agent	
עד	CKER, CAROLYN		81	Name	1 Part of the second		
913 BIG TREE ROAD SOUTH DAYTONA FL 32119			82	Stroot Ado	dress (P.O. Box Number is Not Acceptable	.,	
			02	Jireet Auc	Silvess (F.O. Box Number as growned blade	''	
•			83	†	The state of the s		- <del></del>
			<u> </u>		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	~	
			84	City		<b>FI</b> 85 Zip	Code
44 Discount	to the provisions of Sachani: 607.6	V.02 and 607 1608 Florida Ctr	atutes the above	e pamod cor	poration submits this statement for the pur		to registered
11. Pursuant office or r	registered agent, or both, in the St	ate of Florida. Such change w	as authorized b	y the corpora	poration sooms this statement for the purition's board of directors. I hereby accept	the appointment as	registered
agent. I a	m f <b>a</b> miliar with, and accept the ob	tigations of, Section 607.0505	, Florida Statute	S.			_
SIGNATURE							
	Signature, typed or puniod name of registered	ngent and trie if approvable (		ont signature requ	ireo when reinstating)	DATE	
12.	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	Addition
TITLE	TUCKER, CAROLYN	☐ Derrie	1.1 TITLE		<b>.</b>	L Change	
NAME			1.2 NAME				i
STREET ADDRESS	1874 SECLUSION DR.		1.3 STREE	F ADORESS			
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY -	ST-ZIP			
TITLE			2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME		(		
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST- ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE	DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAME		* ************************************		
STREET ADDRESS			3.3 STREE	ADDRESS	•		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			İ
TITLE	<del></del>	DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				-
STREET ADDRESS				I ADDRESS			
							ŀ
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 TITLE	SI-ZIF		☐ Change	Addition
NAME					12.0		
			5.2 NAME		Same and the second		ļ
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP		The see	5.4 CITY -	S1-ZIP			1.000
TITLE		☐ DELETE	6.1 TITLE		•	☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	:		6.3 STREE	ADDRESS			
NITY OF THE			SACITY :	et 310			- 1

14. Thereby 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 annual report or suppliemental 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 trusted 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.