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FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P92000015012 (7)

1. Corporation Name

BAXLEY INSURANCE AGENCY, INC.

Principal Place of Business

2918 PENN AVENUE  
SUITE C  
MARIANNA FL 32448  
US

Mailing Address

2918 PENN AVENUE  
SUITE C  
MARIANNA FL 32448  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1992

4. FEI Number

59-3137322

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 4288 Lafayette St.

Suite, Apt. #, etc.

22

City & State

23 Marianna FL

Zip

24 32446

Country

25 Jackson

2a. Mailing Address

26 4288 Lafayette St.

Suite, Apt. #, etc.

27

City & State

28 Marianna FL

Zip

29 32446

Country

30 Jackson

9. Name and Address of Current Registered Agent

BAXLEY, TERESA A  
2918 PENN AVE  
SUITE C  
MARIANNA FL 32448

81 Name

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

83 4288 Lafayette St.

84 City

Mar:anna

FL

85 Zip Code

32446

10. Name and Address of New Registered Agent

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 607.0905, Florida Statutes.

SIGNATURE

Teresa A. Baxley

Signature, typed or printed name of registered agent and title, if applicable

(Not a Registered Agent signature required when reinstating)

DATE

4-7-98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BAXLEY, TERESA A  
STREET ADDRESS 2918 PENN AVE SUITE C  
CITY-ST-ZIP MARIANNA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4288 Lafayette St.

Marianna FL 32446

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 changed, or on an attachment with an address.

SIGNATURE

Teresa A. Baxley

4-7-98

850-5210-3886

CR2E034 (10/97)