

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000005813 (9)**

1. Corporation Name

THE DAVIS BARONE AGENCY, INC.



Principal Place of Business

Mailing Address

**1499 W. PALMETTO PARK RD.
SUITE 224
BOCA RATON FL**

**1499 W. PALMETTO PARK RD.
SUITE 224
BOCA RATON FL**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **3200 N. MILITARY TRAIL**
Suite, Apt. #, etc.

26 **3200 N. MILITARY TRAIL**
Suite, Apt. #, etc.

22 **SUITE 300**
City & State

27 **SUITE 300**
City & State

23 **BOCA RATON, FL**
Zip Country

28 **BOCA RATON, FL**
Zip Country

24 **33431** 25

29 **33431** 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/25/1993

4. FEI Number

65-0382642

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$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

10. Name and Address of New Registered Agent

**BARONE, PHILIP
1499 W. PALMETTO PARK RD.
SUITE 224
BOCA RATON FL**

81 Name **PAUL DAVIS, JR**
82 Street Address (P.O. Box Number is Not Acceptable)
3200 N. Military Trail
83 **Suite 300**
84 City **BOCA RATON** FL 85 Zip Code **33431**

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 607.0505, Florida Statutes.

SIGNATURE **James P. Barone**

Signature for printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when reinstating)

1-12-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D. PRES. VP. T. S** ☐ DELETE
NAME **DAVIS, PAUL**
STREET ADDRESS **1499 W. PALMETTO PARK RD., SUITE 224**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D. PRES. VP. T. S** ☒ Change ☐ Addition
12 NAME **PAUL DAVIS**
13 STREET ADDRESS **3200 N. Military Trail, Suite 300**
14 CITY-ST-ZIP **Boca Raton, FL 33431**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 **James P. Barone**

CR2E034 (10/97)