

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

FILED

Jan 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 # P94000002746 (3)

1. Corporation Name

KENNETH L. MCCLURE AGENCY, INC.



Principal Place of Business 184 S CENTRAL AVE OVIEDO FL 32765 US	Mailing Address 184 S CENTRAL AVE OVIEDO FL 32765 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1994	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3218688		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May be Added to Fees	
24. Country	29. Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

MCCLURE, KENNETH L
380 E LAKE AVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

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

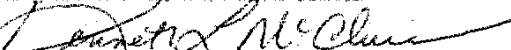
(No title designation required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MCCLURE, KENNETH L 380 E LAKE AVE LONGWOOD FL	11 TITLE	☐ Change ☐ Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	☐ DELETE	15 TITLE	☐ Change ☐ Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY-ST-ZIP		18 CITY-ST-ZIP	
TITLE	☐ DELETE	19 TITLE	☐ Change ☐ Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY-ST-ZIP		22 CITY-ST-ZIP	
TITLE	☐ DELETE	23 TITLE	☐ Change ☐ Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-ST-ZIP		26 CITY-ST-ZIP	
TITLE	☐ DELETE	27 TITLE	☐ Change ☐ Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY-ST-ZIP		30 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)(p), 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page

Page 2 of 2

0073408

CR2E034 (10/97)