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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9400014722 (0)  RICHARD K. WYNNS INSURANCE AGENCY, INC.								
Principal Plac	e of Business	Mailing Address				tori urqii lavlu fil		
18048-1 SAN CARLOS BOULEVARD FORT MYERS FL 33908		3896 LIBERTY SQUARE FORT MYERS FL 33908						
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	0 01 7.02		
					02/21/1994			
	Place of Business	2a. Mailing Address			4. FEI Number	A	oplied For	
21		26			65-0454587	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	e of Status Desired Sa.75 Additional Fee Required		
City & Stat 23	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	<b>v</b>	May Be to Fees	
Zip	Country	Zip		Country	8. This corporation owes or has paid the			
24	25	29	30				_ No	
	9. Name and Address of Curr /NNS, RICHARD K	ent Registered Agent		81 Name	10. Name and Address of New Registers	a Agent		
	RT MYERS FL 33908			83 84 City		. 85 Zip	Code	
				· *1 (1)				
11. Pursuant office or a agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obt	502 and 607.1508, Florida to the of Florida Such change igations of, Section 607.050	Statutes, ti was autho 05, Florida	ne above-named corrized by the corpo Statutes.	orporation submits this statement for the purpose vation's board of directors. I hereby accept the a	of changing i ppointment as	ts registered registered	
SIGNATURE								
12.	Signature, typed or printed name of ragislated a	agent and title if applicable	(NOTE: Rec	istered Agent signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		96 IN 12	
TITLE	D OFFICERS A	DELET	<del></del>	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	WYNNS, RICHARD K			1.2 NAME			_	
STREET ADDRESS	3696 LIBERTY SQUARE			1.3 STREET ADDRESS			ļ	
CITY-ST-ZIP	FORT MYERS FL		ľ	1.4 CITY-ST-ZIP				
TITLE	ST DELETE			2.1 TITLE		Change	Addition	
NAME	WYNNS, JOHANNA			22 NAME			}	
STREET ADDRESS				2.3 STREET ADDRESS			l	
CITY-ST-ZIP	FT MYERS FL			2. 4 CITY - ST - ZIP				
TITLE		DELET	E	3.1 TITLE		Change	Addition	
NAME				3.2 NAME				
STREET ADDRESS			1	3.3 STREET ADDRESS			Ì	
CITY-ST-ZIP		T NO. ET		3.4. CITY - ST - ZIP		Change	Addition	

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 suppliernental 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 own attachment with an address.

43 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

941/466-9800

Change

Addition

**FILED** 

May 01 1998 8:00am

Secretary of State