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Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90047 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000007769

1. Corporation Name

FRANKLIN INSURANCE AGENCY, INC.

Principal Place of Business

825 THOMASVILLE RD
TALLAHASSEE FL 32303

Mailing Address

P.O. BOX 3145
TALLAHASSEE FL 32315
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1995

4. FEI Number

59-3290987

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FRANKLIN, WILLIAM J
825 THOMASVILLE RD
TALLAHASSEE FL 32303

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS FRANKLIN, WILLIAM J
CITY-ST-ZIP 768 RHODEN COVE
TALLAHASSEE FL 32303

TITLE ☐ DELETE
NAME D
STREET ADDRESS FRANKLIN, CATHERINE D
CITY-ST-ZIP 768 RHODEN COVE
TALLAHASSEE FL 32303

TITLE ☐ DELETE
NAME D
STREET ADDRESS FRANKLIN, CARLTON W
CITY-ST-ZIP 5965 OX BOTTOM MANOR DR.
TALLAHASSEE FL 32312

TITLE ☐ DELETE
NAME D
STREET ADDRESS FRANKLIN, REGINA W
CITY-ST-ZIP 5965 OX BOTTOM MANOR DR.
TALLAHASSEE FL 32312

TITLE ☐ DELETE
NAME D
STREET ADDRESS MOORE, DAVID M
CITY-ST-ZIP 2609 LUCERNE DR.
TALLAHASSEE FL 32308

TITLE ☐ DELETE
NAME D
STREET ADDRESS GILLESPIE, LINDA D
CITY-ST-ZIP 2057 CRESTDALE DR
TALLAHASSEE FL 32308

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

William J. Franklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99
Date

850 681-0433
Daytime Phone #

CR2E034 (11/98)