


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

FILED

Jan 29 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 # P95000035385 (0) 1. Corporation Name STATE FARM INSURANCE FRANK G. HINKSON AGENCY, IN C.					
Principal Place of Business 8333 W. MCNAB RD., STE. 113 TAMARAC FL 33321			Mailing Address 8333 W. MCNAB RD., STE. 113 TAMARAC FL 33321		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1995	
21		26		4. FEI Number 65-0616261	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	30
9. Name and Address of Current Registered Agent HINKSON, FRANK G 8333 W. MCNAB RD., STE. 113 TAMARAC FL 33321			10. Name and Address of New Registered Agent		
			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85 Zip Code
			FL		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPTS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINKSON, FRANK G		1.2 NAME		
STREET ADDRESS	9432 NW 46 CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33351		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINKSON, FRANK G		2.2 NAME		
STREET ADDRESS	9432 NW 46 CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33351		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: <u>FRANK G. HINKSON</u> 954-720-9978 Signature, typed or printed name of signing officer or director Date Daytime Phone # 0292041					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)