2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000035385

1. Entity Name
STATE FARM INSURANCE FRANK G. HINKSON AGENCY, INC.

Principal Place of Business	Mailing Address
8333 W. MCNAB RD., STE. 113 TAMARAC, FL 33321	8333 W. MCNAB RD., STE. 113 TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0616261

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HINKSON, FRANK G
8333 W. MCNAB RD., STE. 113
TAMARAC, FL 33321

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000417857
02/13/06-80070-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	HINKSON, FRANK G
STREET ADDRESS	4858 NW 112TH DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33076
TITLE	V
NAME	HINKSON, FRANK G
STREET ADDRESS	4858 NW 112TH DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank G. Hinkson FRANK G. HINKSON 1-30-06 954788981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #