

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG -4 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000081238 (3)**

1. Corporation Name
JOHN KIRBY INSURANCE, INC.

Principal Place of Business

**4000 ST JOHNS AVE #7
JACKSONVILLE FL 32210**

Mailing Address

**4000 ST JOHNS AVE #7
JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **32205**

Country

9. Name and Address of Current Registered Agent

**STEFFEY, FRED H
6620 SOUTHPOINT DR SOUTH #300
JACKSONVILLE FL 32216-0913**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **32205**

Country

4. FEI Number

59-3402145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

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 **D**
NAME **KIRBY, JOHN**
STREET ADDRESS **4000 ST JOHNS AVE #7**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D**
1.2 NAME **JOHN L. KIRBY, JR.**
1.3 STREET ADDRESS **4000 ST. JOHNS AVE. #7**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

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 do 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 **JOHN L. KIRBY, JR.** 7/31/97 (904) 387-9798

CR2E034 (4/97)

Kirby - Mangus Insurance Group

Jack L Kirby
John L Kirby Jr.

Risk Management & Surety Services

L. Preston Mangus III
Roger Hurst

July 31, 1997

Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Annual Report
John Kirby Insurance, Inc.
59-3402145


Dear Sir,

Enclosed is our 1997 Corporation Annual Report along with
our check in the amount of \$165.00.

We did not receive the first original packet. Our zip code
was incorrect on it; but I did receive this second notice
using the wrong zip code. I have corrected it to the
correct zip code.

If you have any questions please give me a call. I
appreciate all your help on this.

Sincerely,



John L. Kirby, Jr.
President

JLK/ljw

encl.