

<b>DOCUMENT # P99000020621</b>			
1. Entity Name			
<b>JIM "BUDDY" DAVENPORT INSURANCE AGENCY, INC.</b>			
Principal Place of Business		Mailing Address	
1708 STATE RD.44 NEW SMYRNA BEACH FL 32168		1708 STATE RD.44 NEW SMYRNA BEACH FL 32168-8339	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<b>DAVENPORT, JAMES R</b> <b>1708 STATE RD.44</b> <b>NEW SMYRNA BEACH FL 32168</b>		Name	
		Street Address (If different from above)	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
11. OFFICERS AND DIRECTORS			
TITLE	<b>P</b> <input type="checkbox"/> Delete		12.
NAME	<b>DAVENPORT, JAMES R</b>		TITLE
STREET ADDRESS	<b>1708 STATE RD.44</b>		NAME
CITY - ST - ZIP	<b>NEW SMYRNA BEACH FL 32168</b>		STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY - ST - ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY - ST - ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY - ST - ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY - ST - ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY - ST - ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY - ST - ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY - ST - ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY - ST - ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY - ST - ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY - ST - ZIP			STREET ADDRESS

Daytime Phone #

CR2E034 (9/99)