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FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

02-18-1999 90089 034 ***150.00

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Secretary of State

DOCUMENT # \$52638

1. Corporation Name OWEN K. WAGGONER INSURANCE AGENCY, INC.

OMEN V. A	Vaggoner insuranc	JE AGENOT									
incipal Place of	Business	Mailing	Address			ļ					
		12995 C	12995 CLEVELAND AVE.								
2995 Cleveland ave. 5-103-b		\$-1 03-B	\$-103-B				DO NOT WRITE IN THIS SPACE				
T. MYERS FL 33907		FT. MYE	RS FL 33907			3. Date Inco	orporated or Qualifed	d			ļ
						05/13/1	1991				
		Jan Mai	iling Address			4. FEI Num	ber			Applie	
Principal Place	e of Business	├ ─┐	illing Addition	-		65 <u>-026</u>	<u>5504</u>				pplicable
		26 Sui	te, Apt. #, etc.			E Certificati	e of Status Desired			5 Addi Requi	
Suite, Apt. #,	etc.	27	,				<u></u>				
			y & State			6. Election	Campaign Financing	9 🗆)0 Ma ed to F	
City & State		28				Trust Fu	nd Contribution			-	
Zip	Country	Zip		Country	y	8. This corp	poration owes the cu	irrent year in	Yes		No
]	25	29		<u> o </u>		Personal	l Property Tax. nd Address of New	v Registered			
1	9. Name and Address of Cur	rrent Registere	d Agent		I Name	10. Name a	III Address of Ive	<u> </u>			·
	-			81							
WAGGONER, OWEN K.			82			ddress (P.O. Box Number is Not Acceptable)					
12995	CLEVELAND AVE.			-							
S-103-				83	3					Zip Co	
FT. M	YERS FL 33907			84	4 City			FI	85	Zip Co	ue
	the residence of Sections 607	.0502 and 607.	1508, Florida Statute:	s, the abor thorized b	ve-named co	ation's board of di	s this statement for t irectors. I hereby ac	cept the app	ointment a	s regis	Sieren
11. Pursuant to office or reg	gistered agent, or both, in the S	State of Florida. Inlinations of, Se	ection 607.0505, Flori	ida Statute	es.						
agent. I am	o the provisions of Sections 607 gistered agent, or both, in the S i familiar with, and accept the ol	State of Florida. Ibligations of, Se	ection 607.0505, Flori	ida Statute	3S.			DATE			
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