

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

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Feb 06 1997 8:00am  
Secretary of State

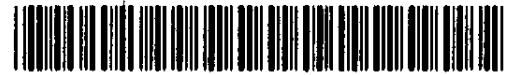
PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S63870 (7)

1. Corporation Name  
KAY W. SHAVER INSURANCE AGENCY, INC.



Principal Place of Business  
2810 E. CERVANTES  
PENSACOLA FL 32503

Mailing Address  
2810 E. CERVANTES  
PENSACOLA FL 32503-6336

3. Date Incorporated or Qualified 06/28/1991  
3a. Date of Last Report 03/06/1996

2. Principal Place of Business  
21 2802 E. Cervantes St.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2802 E. Cervantes St.  
Suite, Apt. #, etc.

4. FEI Number 59-3076037  
Applied For  
Not Applicable

22  
City & State  
23 Pensacola, FL

27  
City & State  
28 Pensacola, FL

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

24 32503  
Country  
25 ESCAMBIA

29 32503  
Country  
30 ESCAMBIA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHAVER, KAY W.  
2810 E. CERVANTES ST.  
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name SHAVER, KAY W.  
82 Street Address (P.O. Box Number Is Not Acceptable) 2802 E. CERVANTES ST.  
83  
84 City PENSACOLA FL 85 Zip Code 32503

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 Kay W. Shaver KAY W. SHAVER, AGENT

1/23/97

Signature and typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAVER, KAY W.	
STREET ADDRESS	2046 DOWNING DR.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAVER, ROBERT T., JR	
STREET ADDRESS	2046 DOWNING DR.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Kay W. Shaver AGENT

1/23/97 (904) 433-4678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)