

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S74372** (1)

1. Corporation Name

**NORTH FLORIDA INSURANCE AGENCY, INC.**



Principal Place of Business

**3830-2 WILLIAMSBURG PARK BLVD.  
JACKSONVILLE FL 32257  
US**

Mailing Address

**8060 - 165 AVE.  
#101  
REDMOND WA 98052  
US**

3. Date Incorporated or Qualified

**08/20/1991**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLF, IRVIN III  
3830-2 WILLIAMSBURG PARK BLVD.  
JACKSONVILLE FL 32257**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**D**

☐ DELETE

NAME

**KENNA, WILLIAM A.**

STREET ADDRESS

**3830-W WILLIAMSBURG PARK BLVD.**

CITY- ST- ZIP

**JACKSONVILLE FL**

TITLE

**DV**

☐ DELETE

NAME

**WOLF, IRVIN III**

STREET ADDRESS

**3830-2 WILLIAMSBURG PARK BLVD.**

CITY- ST- ZIP

**JACKSONVILLE FL**

TITLE

**S**

☐ DELETE

NAME

**SHARPE, DONALD R**

STREET ADDRESS

**8060-165TH AVE., NE**

CITY- ST- ZIP

**REDMOND WA**

TITLE

**DP**

☐ DELETE

NAME

**LANKFORD, H. R JR**

STREET ADDRESS

**8060-165TH AVE NE**

CITY- ST- ZIP

**REDMOND WA**

TITLE

**T**

☐ DELETE

NAME

**SHARPE, DONALD R**

STREET ADDRESS

**8060-165TH AVE NE**

CITY- ST- ZIP

**REDMOND WA**

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY- ST- ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY- ST- ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY- ST- ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY- ST- ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY- ST- ZIP

☐ DELETE

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-25-96 (206) 855-5889*  
Date Daytime Phone #

CR2E034 (12/95)