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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #
1. Corporation Name S74372

(1)

NORTH FLORIDA INSURANCE AGENCY, INC.									
Principal Place	e of Business	Mailing Address				1 100 160 10 101 100 10 100 0 11416 18810	IIDI DIBN EIEI		JA OTOJA RABIJA ADDR
3830-2 WILL	IAMSBURG PARK BLVD.	8060 - 165 AVE	<u>.</u>						
JACKSONVILLE FL 32257 #101									
US		REDMOND WA	98052			2 Data Incorporated or Qualified	T. 6-4-		
		US				3. Date Incorporated or Qualified 08/20/1991	3a. Date	of Last F 5/01/19	
Principal Place of Business     2a. Mailing Address			iss			4. FEI Number		יו עו טיי	
21 26						NOT APPLICABLE			Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.	•				\$8.7	5 Additional
22 27						5. Certificate of Status Desired			Required
City & State City & State			te			6. Election Campaign Financing	F3	\$5.0	00 May Be
23						Trust Fund Contribution		t bA	ed to Fees
Zip <b>24</b>	Country	Zip	Country	У		8. This corporation has liability for it		cunder s	s 199.032,
	25   9. Name and Address of Curre	29 29 Agent	30			Florida Statutes Yes			
	5. Ivanio and Address of Colle	int negistered Agent	81	1	Name	10. Name and Address of New R	gistered A	gent	
WOLE	DVIN H		[0.		IVALLIE				
WOLF, IRVIN III 3830-2 WILLIAMSBURG PARK BLVD.					Street Addres	s (P.O. Box Number is Not Acceptabl	e)		
JACKSONVILLE FL 32257			83	+			·····	<del></del>	
0,101100	THE TE GEEST								
			84		City		Fi	85 Ž	p Code
11. Pursuant t	to the provisions of Sections 607,050	)2 and 607.1508. Florida	Statutes, the above-	L nai	med comorati	on submits this statement for the our	FL.		ropintored office
or register familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was a	uthorized by the corp	or	ation's board	on submits this statement for the purp of directors. I hereby accept the appo	intment as r	egistera	d agent. I am
	in, and accept the deligations of Geo	,0001 007 .0303, Florida S	ratutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent					w beniupen erutangia	hen zemstatingi	DATE		
12.		ND DIRECTORS	13.		<u> </u>	ADDITIONS/CHANGES TO OFFIC		DIREC: 7	ORS IN 12
TITLE			E 1. 1 TITLE					Change:	·-
NAME	KENNA, WILLIAM A.		1.2 NAME	1.2 NAME					
STREET ADDRESS	3830-W WILLIAMSBURG PAI	rk blvd.	1.3 STREET	FAD	DDRESS				
C-TY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		ZIP				
TITLE	DV DELETE		E 2 1 TITLE					Change:	Addition
NAME	WOLF, IRVIN III 3830-2 WILLIAMSBURG PARK BLVD.			2.2 NAME					
STREET ADDRESS		IK BLVD.	2.3 STREET	(DA	)DRESS				
CHTY+ST+ZIP	JACKSONVILLE FL S		2.4 CITY - S	ST - 2	ZIP				
NAME	S DELETE SHARPE, DONALD R							Change	☐ Addition
	AAAA AACTII ING AIG		3.2 NAME						
STREET ADDRESS	DEDMAND WA			3.3. STHEET ADDRESS					
City-St-ZiP Title	DD		34 CHY-S	i 1 - 2	ZIP				
NAME	LANKEODD II D ID						LJ	Change	Addition
STREET ADDRESS	8060-165TH AVE NE		4.2 NAME						
CITY-ST-7IP	REDMOND WA		4.3 STREET		- 1				
10 LF	T	DELET	4.4 CITY-S E 5.1 TITLE	1-2	ZIP		[7]	Change	Addition
NAME	SHARPE, DONALD R		5.2 NAME				Ц	Change	☐ Addition
STREET ADDRESS	8060-165TH AVE NE		53 STREET	ADI	nnbree				
CITY-ST-ZIP	REDMOND WA		54 CiTY-S		` <b> </b>				
TITLE		DELETI		· - Z	27			Change	Addition
NAME		_	6.2 NAME					Orientyc	
STREET ADDRESS			6.3 STREET	ΑD	ORESS				
CITY · S* - ZIP			6.4 City-S	1-7	71P				
14. I do hereby	certify that the information supplied	with this filing is voluntari	ly furnished and does	s n	not qualify for t	he exemption stated in Section 119.0	7(3)/k) Eloric	a Statut	res 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.

IG OFFICER OR DIRECTOR

SIGNATURE:

4-25-94 (206)85-5859