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 # **V01081** **(1)**

1. Corporation Name

MALLORY SWINSON INSURANCE AGENCY, INC.

Principal Place of Business
959 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

Mailing Address
959 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

2. Principal Place of Business
21 2430 NW 105 TERRACE
Suite, Apt. #, etc.
22
City & State
23 CORAL SPRINGS FL
Zip
24 33065
Country
25 US

2a. Mailing Address
26 2430 NW 105 TERRACE
Suite, Apt. #, etc.
27
City & State
28 CORAL SPRINGS FL
Zip
29 33065
Country
30 US

3. Date Incorporated or Qualified: 01/01/1992

3a. Date of Last Report: 02/27/1995

4. FEI Number: 65-0298136 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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

SWINSON, MALLORY
959 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2430 NW 105 TERRACE
83
84 City
CORAL SPRINGS FL
85 Zip Code
33065

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SWINSON, MALLORY	
STREET ADDRESS	2430 NW 105 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VSTD	☐ DELETE
NAME	SWINSON, EDWARD	
STREET ADDRESS	2430 NW 105 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	☐ DELETE
NAME	SWINSON, DANIEL	
STREET ADDRESS	2430 NW 105 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is an attachment with an address.

SIGNATURE: EDWARD SWINSON 3/13/96 954-370-3646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (12/95)