2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR V03915

DOCUMENT #

1. Entity Name

Zip

SIGNATURE

LAFRANCE, ELAINE C.

5713 SE ABSHIER BLVD. **BELLEVIEW FL 34420**

the obligations of registered agent.

SOUTH MARION INSURANCE AGENCY, INC.

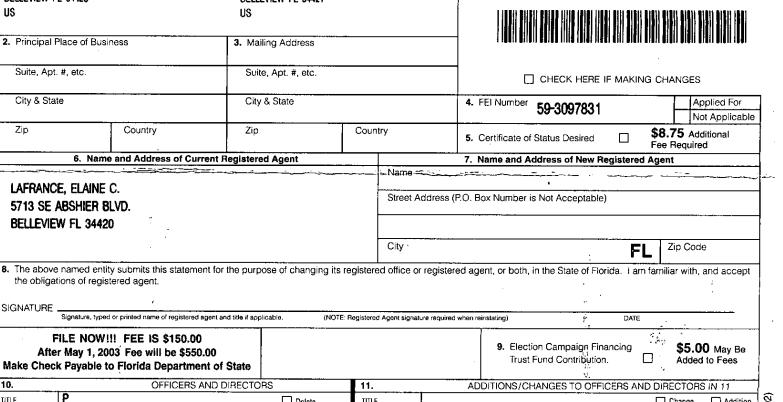
Country



Principal Place of Business Mailing Address 5713 SE ABSHIER BLVD PO BOX 3220 BELLEVIEW FL 34420 BELLEVIEW FL 34421 US US. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State

FILED						
Mar 07, 2003 8:00 am						
Secretary of State						

03-07-2003 90119 002 ***150.00



	r May 1, 2003 Fee will be \$550.00			Trust Fund Contribution.		to Fees
Make Chec	k Payable to Florida Department of State			w.	Added	10 1 003
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAFRANCE, ELAINE C. 5713 SE ABSHIER BLVD. BELLEVIEW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BIELLING, EDWARD R. 176 LITTLE LAKE ORANGE DR. HAWTHORNE FL 32640	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	V BIELLING, VIVIAN M. 176 LITTLE LAKE ORANGE DR. HAWTHORNE FL 32640	Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

352-245-1128