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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V43943

(2)

1. Corporation Name

DICKS INSURANCE AGENCY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:21

Principal Place of Business

P.O. BOX 767
DUNDEE FL 33838

Mailing Address

P.O. BOX 767
DUNDEE FL 33838

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/15/1992

3a. Date of Last Report

07/05/1994

4. FEI Number

59-3116036

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

2. Principal Place of Business

21 7000 Lucerne Pk. Rd.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 7

City & State

23 Winter Haven, FL

Zip

24 33881

Country

25 USA

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

DICKS, CAROLYN J.
7000 LUCERNE PARK RD.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE

Carolyn J. Dicks
Signature, typed or printed name of registered agent and title if applicable.

Carolyn J. Dicks, Pres.

2/10/95
(DATE)

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
DICKS, CAROLYN J.
7000 LUCERNE PARK RD.
WINTER HAVEN FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
BARRETT, CATHY L.
7000 LUCERNE PARK RD.
WINTER HAVEN FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
BARRETT, RANDY L.
7000 LUCERNE PARK RD.
WINTER HAVEN FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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 110.07(3)(b), 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 addition.

SIGNATURE:

Carolyn J. Dicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn J. Dicks, Pres.

2/10/95

Date

Signature of Officer