

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 437114 (2)
 1. Corporation Name
MAHAFFEY AGENCY, INC



Principal Place of Business PO BOX 820 P.O. BOX 820 QUINCY FL 32353-0820 US	Mailing Address 15 N STEWART ST P.O. BOX 820 QUINCY FL 32351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1973	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-1484985	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAHAFFEY (WILLIAM W) 723 N. BELLAMY DR. QUINCY FL 32351				10. Name and Address of New Registered Agent		
				81. Name Julie M. Young		
				82. Street Address (P.O. Box Number is Not Acceptable) 916 W. Bellamy Drive		
				83. City Quincy	85. Zip Code FL 32351	

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 Julie M. Young, Julie M. Young, Pres. DATE 4-28-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	NAME YOUNG, THOMAS C	1.1 TITLE V.P. and sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 916 W BELLAMY DR	CITY-ST-ZIP QUINCY FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE P	NAME MAHAFFEY, WILLIAM W	1.4 CITY-ST-ZIP	
STREET ADDRESS 723 NORTH BELLAMY DRIVE	CITY-ST-ZIP QUINCY FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE	2.2 NAME	
TITLE S	NAME YOUNG, JULIE	2.3 STREET ADDRESS	
STREET ADDRESS 916 W BELLAMY DRIVE	CITY-ST-ZIP QUINCY FL 32351	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: Julie M. Young Julie M. Young 4-28-98 850-627-6262

CR2E034 (10/97)